

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FEB 3 1939

REC'D FEB 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3829
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Jefferson Primary Registration District No. 109
(c) City Maplewood (d) Street No. 7212 Lyndover St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

Registered No. 207

2. PRINT FULL NAME Marie Louise Rice

(a) Residence, No. 7212 Lyndover Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar B. Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne, Ind.

FATHER 13. NAME Chas. A. Blaisdell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowell, Mass.

MOTHER 15. MAIDEN NAME Amanda Crumley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne, Ind.

17. INFORMANT Edgar B. Rice
(ADDRESS) 7212 Lyndover Ave., Maplewood

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Feb. 3, 1939

19. FUNERAL DIRECTOR Croghan Und. Co., Inc.
(ADDRESS) 7146 Manchester Ave

20. FILED 19 707 (Address) 5927-4
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939, to Jan 27, 1939
I last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Chronic
54
Other contributory causes of importance:
Diabetes
Idiocyclusia. Left. (old)

Name of operation: None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____ (Signed) _____ M. D.

(Address) 5927-4 St. Louis

FEB 3 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 1 x12004

Francis A. Williamson

STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)