

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.

REC'D AUG 11 1939

791  
1003

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

23651

5924

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: ST. JOHN'S HOSPITAL.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 DAYS.  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME OTTO R. RICE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MILDRED RICE 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased DECEMBER 12 - 1889  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>6</u>	<u>23</u>	hr. _____ min.

9. Birthplace NASHVILLE ILLINOIS  
 (City, town, or county) (State or foreign country)

10. Usual occupation TELEGRAPHER

11. Industry or business TERMINAL R. R. ASSN.

12. Name WILLIAM S. RICE

18. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)

14. Maiden name MARY EMMA HOLLINGER

15. Birthplace FREMONT Co. OHIO  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Rice

(b) Address 1707 Del Norte Ave

17. (a) Burial (b) Date thereof July 6 - 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director W. M. Schumacher

(b) Address 4834 National Bridge

19. (a) JUL 5 1939 (Date received at local registrar's office)

(b) J. D. Friedrich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS  
 (c) City or town RICHMOND HEIGHTS, NR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1707 DEL NORTE AVE.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
 year 1939 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 28-30  
to July 4, 1939, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on July 4, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Uraemia

Due to Post operative Cholecystectomy & appendectomy

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Cholecystitis & Cholelithiasis  
 Of operations Ch appendectomy

Of autopsy No

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Cover (M. D. or other) \_\_\_\_\_

Address 205 Humboldt Bldg Date signed 7/5/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

539 N. Grant

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John Hetter  
Licensed Embalmer No. 3880  
P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**