

MAY 15 1940  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3293

1. PLACE OF DEATH:

(a) County St. Louis MO.  
(b) City or town St. Louis MO.  
(c) Name of hospital or institution: 7204 Michigan Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Marshall RICKHOFF

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert RICKHOFF 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 20th 1872  
(Month) (Day) (Year)

8. AGE: 68 Years 1 Months 19 Days If less than one day hr. min.

9. Birthplace Peters Ills. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

12. Name William Yanda

13. Birthplace Bohemia (City, town, or county) (State or foreign country)

14. Maiden name Anna Reils

15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Albert RICKHOFF

(b) Address 7204 Michigan Ave.

17. (a) Burial (b) Date thereof April 12/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Shrockertis

(b) Address 2906 Gravois Ave.

19. (a) APR 10 1940 (b) [Signature]  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 7204 Michigan Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1940 hour 4 20 AM. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 10th 1936 to April 9th 1940  
that I last saw her alive on April 9th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus 4 yrs  
arteriosclerosis 6 yrs  
Chronic Myocarditis 2 yrs

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:—

(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 [Signature] (M. D. or other) \_\_\_\_\_

Address 3606 Kansas Date signed 4/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

*Thos Kutis*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Thos Kutis*

Licensed Embalmer No. *1619*

P. O. Address *2906 Gavo*

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

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