

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22903

Registrar's No. 1186

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County **3**
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 6/14/40
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town East St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. Route #4, Edgemont Station
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1940 hour 4:20 minute _____ p. M.

21. I hereby certify that I attended the deceased from
June 14, 1940 to June 20, 1940
that I last saw him alive on June 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: _____
Hypertensive heart disease, with
marked cardiac enlargement, myo-
due to cardiac damage, anginal syndrome,
and myocardial insufficiency. **unknown**

Due to _____ **121**
Other conditions Chronic Nephritis, without
(Include pregnancy within 3 months of death)
edema but with nitrogen retention.

Major findings:
Of operations _____
Of autopsy Autopsy performed. See
cause of death.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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? NO

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature C. W. HUGHES, M.D. (M. D. or other) _____
Address M.O.C. Date signed 6/20/40

3. (a) PRINT FULL NAME Richard Ryckman **255**

3. (b) If veteran (329-1D-6469) name war World War 3. (c) Social Security No. -100

4. Sex male race white 5. Color or _____
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elma 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June 3 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 0 Days 17 If less than one day
_____ hr. _____ min.

9. Birthplace Granite City, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business _____

12. Name Boyd Ryckman

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

14. Maiden name Elmira Lord

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

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF Jeff. Bks., Mo.

17. (a) BURIAL (b) Date thereof JUNE 24 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director _____

(b) Address 7814 S. Broadway

19. (a) JUN 22 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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

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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 *Linus C Hoffmeister*

Licensed Embalmer No. 3821

P. O. Address 7814 S. Broad

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.