o. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29688

Registration District No. 284 Primary Registration District No. 115 Registrar's No. 1501

1. PLACE OF DEATH:
(a) County St Louis.
(b) City or town UNIVERSITY CITY MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7370 WESTMORELAND DRIVE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ____
(c) City or town UNIVERSITY CITY MO (If outside city or town limits, write "RURAL")
(d) Street No. 7370 WESTMORLAND (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME JOHN NEWELL RARICK
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 CLARE RARICK.
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased APRIL (Month) 23 (Day) 1877 (Year)

8. AGE: Years 63 Months 3 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace MICH, (City, town, or county) 1 (State or foreign country)
10. Usual occupation HOYLE-RARICK-CREDIT
11. Industry or business CLOTHING Co. RETIRED
MOTHER FATHER
12. Name JOHN B. RARICK 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH OHLER
15. Birthplace MARYLAND 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Clare Rarick
(b) Address 7370 WESTMORLAND DR.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK
18. (a) Signature of funeral director L. M. Muller
(b) Address 5165 DELMAR BLVD.
19. (a) AUG 7 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1940 hour 10 minute 30 a.M.
21. I hereby certify that I attended the deceased from July 28, 1938, to Aug 7, 1940, that I last saw ~~him~~ alive on Aug 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Carcinomatosis	1 year
Due to: Carcinoma of prostate	2 years
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings: Of operations: Microscopic Adenoma from resected portions of prostate
Of autopsy: None

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 C. C. Bradford (M. D. or other)
Address 958 Arcade Bldg Date signed 8/7/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Burford.
Arcade Bldg.

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 Ketter

Licensed Embalmer No. 3880

P. O. Address .....

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, fact should be so stated above.