

**FEB 25 1947 91**

Registration District No. 1009

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Henry Rice

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 194-49-8144

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

6. (b) Name of husband or wife Winifred Rice  
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 6 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months -- Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Credit Man

11. Industry or business Dry Goods

MOTHER FATHER  
12. Name Sol J. Rice  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrle Obermeyer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winifred Rice  
(b) Address 6447 Cecil

17. (a) Cremation (b) Date thereof 1-18-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herbert A. ...  
(b) Address 5216 Delmar Blvd.

19. (a) JAN 17 1941 (b) J. W. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town St. Louis  
(If outside city or town limit, write "RURAL")  
(d) Street No. 6447 Cecil- Clayton  
(If rural, give location) 3  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16  
year 1941 hour 7 minute 15P M.

21. I hereby certify that I attended the deceased from Dec 23, 1939 to Jan 16, 1941  
that I last saw him alive on Jan 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous meningitis 2 days  
Due to Pulmonary tuberculosis years

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: Tuberculous meningitis  
Tuberculosis of lungs

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? \_\_\_\_\_

23. Signature Shevilly Sale (M. D. or other) \_\_\_\_\_  
Address 4520 Olive Date signed 1/16/41

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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 Chas. W. Cooper

Licensed Embalmer No. 3930

P. O. Address 5216 Delmar

**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.**