

S. No. 2
11-10-39.
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4424
State File No.

FILED FEB 14 1941 784
Registration District No.

Primary Registration District No. 20

Registrar's No. 269

1. PLACE OF DEATH:
(a) County St Louis County
(b) City or town Rural Clayton Twp
(c) Name of hospital or institution:
Baker Lane + Fitzner Rd. 1
(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 M. Rice
3. (b) If veteran, name war World War 3. (c) Social Security No. 488-09-3916

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Radys Scudder M. Rice 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March 26th 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Mortgage Broker

11. Industry or business
MOTHER FATHER { 12. Name William Griffith M. Rice
13. Birthplace St. Louis (City, town, or county) (State or foreign country)
14. Maiden name Rosa Lee G. Taylor
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant John Blumhagen
(b) Address 1506 S. Warren Rd. Fair

17. (a) Burial (b) Date thereof 2-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Donis P. Buss
(b) Address 1314 W. Higgins Dr. Kirkwood

19. (a) FEB - 4 1941 (b) H. M. Neely
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Ladue (If outside city or town limits, write "RURAL")
(d) Street No. 1700 South Warren (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death From a Gunshot Duration
which the deceased intentionally
inflicted upon himself

Due to _____
Due to 16 H C
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy None
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 James M. Neely
Address Kirkwood, Mo. Date signed _____

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed John M Meyer
Licensed Embalmer No. 3288

P. O. Address Hickman, Mo

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.