

No. 2
4-12-40
5-17-39
X23159

RECEIVED MAY 13 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 12575

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3005

JUL 3 - 1942
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 6827 Marquette
(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 _____
years, months or days

3. (a) PRINT FULL NAME Levi Bent Rice

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Claude Rice

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased April 20, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Jack Rice

(b) Address 6827 Marquette

17. (a) burial (b) Date thereof 4-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Ill.

18. (a) Signature of funeral director A. Kron

(b) Address 2707 N. Grand Blvd.

19. (a) APR - 5 1941 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6827 Marquette
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1941 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11-14-40
_____, 19____, to 4-4-41, 19____
that I last saw him alive on 4-4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to _____

Due to 93A

Other conditions 93C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 P. B. Cappel (M. D. or other) MD

Address 3239 Loandale Date signed 4-4-41

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 Paul F. Kroeber

Licensed Embalmer No. 2631

P. O. Address 2707 N. Chau

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, fact should be so stated above.