No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32900

Registration District No. FILED NOV 22 1941 Primary Registration District No. 1003 Registrar's No. 7851

00
17
9

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS. MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS. HOSPITAL. O
(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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County Richmond Heights

(c) City or town ST LOUIS. Co. NR
(If outside city or town limits, write "RURAL")

(d) Street No. #38 RIDGETOP. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME FERN ~~RICKOFF~~ Rickhoff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LEO. J. RICKOFF

6. (c) Age of husband or wife if alive 39. years

7. Birth date of deceased MAY. (Month) 28. (Day) 1905 (Year)

8. AGE: Years 36. Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER
12. Name CLAIBOURNE NELSON
13. Birthplace MO (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name GUSSIE VOELKER
15. Birthplace MO (City, town, or county) O (State or foreign country)

16. (a) Informant Leo. J. ~~Rickoff~~ Rickhoff
(b) Address 38. RIDGETOP.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-3-41. (Month) (Day) (Year)

(c) Place: burial or cremation LAKECHARLES.

18. (a) Signature of funeral director L. M. Mullen.
(b) Address 5165. DELMAR. BLVD.

19. (a) OCT 1 1941 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th year 1941 hour 11 PM minute P. M.

21. I hereby certify that I attended the deceased from May 1st, 1941, to Sept 30, 1941, that I last saw her alive on Sept 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from venus plexus on posterior surface of uterus. Duration 7 hrs

Due to spontaneous rupture - Hemorrhage before labor and delivery.

Due to

Other conditions Pregnancy at term.
(Include pregnancy within 3 months of death)

Major findings:
Of operations above verified at operation.
Of autopsy no.

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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature Henry J. Pingo M.D. (M. D. or other)
Address 634 N Grand. Date signed 9-30-41

(Licensed Embalmer's Statement on Reverse Side)

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 S. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.