

JAN 21 1943

State File No.....

338

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.....

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **11 days**
(Specify whether
In this community..... **Unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No..... **3666 Cleveland Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Minnie E. Rickard**

3. (b) If veteran, name war.....
3. (c) Social Security No. **496-18-127**

4. Sex..... **Female** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **Marvin Rickard**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **April 15, 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 8 27 hr. min.

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

10. Usual occupation..... **Engraving Co.**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Christian Mensinger**
13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Mary Albrecht**
15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Charles Mensinger**
(b) Address..... **2916 S. 18th Street**

17. (a) Burial (Burial, cremation, or removal)..... **Burial** (b) Date thereof..... **1 15 43**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **Memorial Park Cem.**

18. (a) Signature of funeral director..... **Pecker Elderle and Co.**
(b) Address..... **3634 Gravois Avenue**

19. (a) **JAN 13 1943** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **12**
year..... **1943** hour..... **8** minute..... **00 A.**

21. I hereby certify that I attended the deceased from..... **Jan 3**
..... **43** to..... **Jan 12** 19**43**;
that I last saw her alive on..... **Jan 12** 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic nephritis
non-calculous
Left Kidney removed 10 year ago
Due to.....
Uremia
Suppurated Kidney
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
10-15
7 days

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..... **Adam G. Youngman** (M. D. or other) **MA**
Address..... **5439 Gravois** Date signed..... **1/17/43**

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.....

Robert Wheeler

Licensed Embalmer No.....

2128

P. O. Address.....

St. Louis, 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, fact should be so stated above.