

Registration District No.

818

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 19 days
(Specify whether
 In this community 17 years
years, months or days)

3. (a) PRINT FULL NAME

Marie Louise Wrice
Mariah Wrice

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

4. Sex FE 5. Color or race COL 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV 12 1912
(Month) (Day) (Year)

8. AGE: Years 32 Months 5 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation housework

11. Industry or business _____

12. Name Milton Wrice

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

14. Maiden name AMANDA JACKSON
 Birthplace HOPKINSVILLE KENTUCKY
(City, town, or county) (State or foreign country)

15. Informant ALICE JONES

Address ROBERSON MD

16. (a) Burial (b) Date thereof 4-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Allen Dales

(b) Address 3506 Franklin Ave

19. (a) APR 8 1945 (b) J. J. Medeah
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15
 (c) City or town Robertson
(If outside city or town limits, write "RURAL")
 (d) Street No. 703 Reed St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29,
 year 1945 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from February 8, 1945 to March 29, 1945
 that I last saw her alive on March 29, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Widespread metastases from carcinoma of breast
 Duration Undet.

Due to _____
 Due to 50

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature B. F. Murphy (M. D. or other) _____
 Address 2601 N. Whittier Date signed 3/30/45

OTHER PARTS OF THIS FORM ARE SEPARATELY PRINTED IN A FOLDING LEAFLET—USE UNFADING BLACK INK—MAKE A FORMAL RECORD

COPY TO THE STATE BOARD OF HEALTH

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

Amber A. Dierker
Licensed Embalmer No. *3522*
P. O. Address *3506 Franklin*

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

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

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri

State File No.

City of St. Louis

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2952

On this 23 day of May, 1945, before me appears Edward Lee Wrice, who, upon his oath, states that the original record of ~~birth~~ death for Marie Louise Wrice died March 29-1945, 19 , in the State of ~~Missouri~~ Missouri, and which was filed at on , 19 , should be corrected as follows:

Item No. 3 should read Marie Louise Wrice

Instead of Mariah Wrice

Item No. 12 should read Melton Wrice

Instead of AMANDA Wrice

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edward L. Wrice Brother
Relationship.

Box 505 Robertson, Mo.

Present Address.

Subscribed and sworn to before me this 23 day of May, 1945.

My Commission expires 3-4-49 John C. Paddock Notary Public.

Corrected 5-23-45

1945

S-8417