. S. No. 2
0M—2-43
ev. 5-17-39
1 X35697

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

10386

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11574

Registrar's No. 2685

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community years, months or days)

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. 3412 Delmar Blvd
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Rice

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE 3

5. Color or race Negro

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

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

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

7. Birth date of deceased March (Month) 12 (Day) 1909 (Year)

8. AGE: Years 37 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Maid

11. Industry or business —

FATHER
12. Name Louis McKinney
13. Birthplace N/A (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jessie McKinney
(b) Address 3412 Delmar Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Hale
(b) Address 4202 Finney Ave

19. (a) MAR 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1946 hour 4 minute 20 A M.

21. I hereby certify that I attended the deceased from Mar. 5 1946 to Mar. 15 1946 that I last saw her alive on Mar. 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease with Terminal Uremia	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of Stomach	Unk

Major findings:
Of operations
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 0

23. Signature Orion D. Cyr (M. D. or other)
Address 2601 N Whittier Date signed 3/16/46

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.