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5-17-39
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FILED JUL 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6398**

Registration District No. **318** Primary Registration District No. **1003**

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:
Firm Des Loge Hospital
(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)

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. 4923 Maffitt Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH PATRICK RICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Frances Rice 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased March 17th, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>4</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace El Paso, Texas.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name James Rice

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

14. Maiden name Mary O'Brien

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

16. (a) Informant Mr. William Rice.

(b) Address 4923 Maffitt Ave.

17. (a) Burial (b) Date thereof 7-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS

(b) Address 2849 North Euclid Ave.

19. (a) JUL 20 1946 (b) J. J. Bredner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 18th
year 1946 hour 6.25 minute P. M.

21. I hereby certify that I attended the deceased from JULY 11, 1946 to JULY 18, 1946
that I last saw him alive on JULY 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA (NEPHROSCLEROSIS) DUE TO

Due to HYPERTENSIVE C.V.R. DISEASE

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: NONE

Of operations NONE

Of autopsy NONE

Duration UNCERTAIN

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(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 Kenneth Oppenheimer (M. D. or other) M.D.
Address 3720 WASHINGTON AVE. Date signed JULY 19, 1946

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

MOTHER FATHER

DR. Oppenheimer,

3720 Washington Blvd.,

Newstead 6146

12 No 130 Row

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 Almo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.