

S. No. 300
M-10-47
v. 5-17-39
I 3906

#83504
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10596
State File No. _____
Registrar's No. 2998

FILED APR 7 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - ax C. Starkloff
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1482 N. Union Ave.
Memorial 4115 Mo. Pherson
(e) Citizen of foreign country? _____
If yes, name country _____

3: (a) PRINT FULL NAME JOHN RICK
3. (b) If veteran, name war No
3. (c) Social Security No. 489-20-4671

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 3 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 23
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER
12. Name Theodore Rick
13. Birthplace Germany
14. Maiden name Catherine Mo. Neary
15. Birthplace Virginia

16. (a) Informant J.W. Rick,
(b) Address 4115 Mo. Pherson Ave.

17. (a) Burial (b) Date thereof 3-29-48
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____
(b) Address 3320 N. Kingshighway Blvd.

19. (a) MAR 28 1948 (b) J. D. Brodeur
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26th
year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 12th
1948, 1948, to March 26th, 1948
that I last saw him alive on March 26th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 10 yrs.
Duration _____
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy as above
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
Whereat worked _____ (c) Means of injury _____
23. Signature J. H. Harden Date signed 3/26/48
Address 1515 Lafayette

Mar 27 1919

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.

Fred Frick
Signed

Licensed Embalmer No. 3186

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.