

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10567**  
Registrar's No. **3038**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY _____					
b. CITY OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>7051 Lansdowne</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7051 Lansdowne</b>				d. STREET ADDRESS (If rural, give location) <b>7051 Lansdowne</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>W</b>		c. (Last) <b>Rickey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 1, 1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb 25, 1880</b>			
9. AGE (in years last birthday) <b>69</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>shoe worker</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>William C Rickey</b>			13b. MOTHER'S MAIDEN NAME <b>Sinclair</b>			14. NAME OF HUSBAND OR WIFE <b>Ada Rickey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>492-07-3639</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ada Rickey</b> ADDRESS <b>7051 Lansdowne</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Stevosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>92</b> DUE TO (c) <b>4/10X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>upper Respiratory Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 1876, to _____, 1949, that I last saw the deceased alive on <b>Mar 30, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>E. J. Volleman M.D.</b> (Degree or title)				23b. ADDRESS <b>53 W. Big Bend</b>		23c. DATE SIGNED <b>4/4/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4/4/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>APR 4 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>					

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.