

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3487

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. GARDENVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shrewsbury -- Webster P.O.</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>7724 Big Bend</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>			
3. NAME OF DECEASED a. (First) <u>Vilray</u> b. (Middle) <u>Chauvin</u> c. (Last) <u>Tice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 3, 1865</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grain Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN</u>	11. BIRTHPLACE (State or foreign country) <u>S t. Louis, Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Dr. Douglas L. Tice</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Gemstell</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Mae Tice</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Mae Tice 7724 Big Bend</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart and Kidney Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Arteriosclerosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>442X</u>	
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>450</u>		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) m.	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 <u>Nov. 21, 1949</u> to <u>Jan. 27, 1950</u> , that I last saw the deceased alive on <u>Jan. 26, 1950</u> , and that death occurred at <u>2:30 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Masters M.D.</u>		23b. ADDRESS <u>3608 S. Grand Blvd.</u>	23c. DATE SIGNED <u>1/27/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Troy, Mo.</u>
DATE REC'D BY LOCAL <u>JAN 27 1950</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombae, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander &amp; Sons 6175 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr W H Walther  
3608 S Grand  
Lo 7871 Co Mo

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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 Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

**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.