

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28653
State File No. 7453

FILED SEP 1 1951

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2746a Market St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle)	c. (Last) Rice	4. DATE OF DEATH (Month) (Day) (Year) 8 19 51
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH August 11, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Columbus, Miss.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joe T. Rice	13b. MOTHER'S MAIDEN NAME Fannie Gregory	14. NAME OF HUSBAND OR WIFE Lillie Bell Rice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	16. SOCIAL SECURITY NO. 488-12-4637	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Rice 2746a Market St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transection of the Cord</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Pyelonephritis</u> DUE TO (c) <u>Undet.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extensive decubiti</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>ledd</u>

22. I hereby certify that I attended the deceased from 12-29-50 to 8-19-51, 1951, that I last saw the deceased alive on 8-19-51, 1951, and that death occurred at 8:30 A.M. from the causes and on the date stated above.

23. SIGNATURE <u>Stephish Lewis</u> (Degree or title) M. D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 8-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-25-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.,		

DATE REC'D BY LOCAL REG. AUG 21 1951	REGISTRAR'S SIGNATURE <u>E. B. Rouse</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. Rouse</u> 1221 N. Grand.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Arthur L. Hilliard

Licensed Embalmer No. 42221

P. O. Address 4740th Cooper St

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.