

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18972**  
Registrar's No. **1200**

XC-294 71 06  
Reg. # **102,078**  
BIRTH NO. **FILED MAY 27 1952** REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **6076**

4000

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BKS, MO.</b>  |  | c. LENGTH OF STAY (In this place) <b>3 DAYS</b>  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HSOP.</b> |  | d. STREET ADDRESS (If rural, give location) <b>202 E. HOLDEN</b>   |  |

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>HOWARD</b> b. (Middle) <b>C.</b> c. (Last) <b>RICKMOND</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MAY 17, 1952</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>8-20-87</b>   |  | 9. AGE (In years last birthday) <b>64</b> |   | 10. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>         |  |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>PADUCAH, KENTUCKY</b> |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <b>AMOS RICKMOND</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>ANNIE KLOSTERMAN</b> |  | 14. NAME OF HUSBAND OR WIFE <b>LILLIAN RICKMOND</b>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b> |  | 16. SOCIAL SECURITY NO. <b>UNKNOWN</b>            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL THROMBOSIS</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>9 DAYS</b> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b> |  | YEARS   |  |
|   |  | DUE TO (c)  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS.<br>Conditions contributing to the death but not related to the disease or condition causing death.                                    |  |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 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?   |  |

22. I hereby certify that I attended the deceased from **May 14, 1952, to 17 May 1952** and that death occurred at **9:32 A.M.**, from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE <b>Malcolm Debus</b> (Degree or title) <b>M.D.</b> |  | 23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS, MO.</b>               |  | 23c. DATE SIGNED <b>5-17-52</b>                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)                         |  | 24b. DATE <b>May 19/52</b>                                    |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Not Here</b> |  |
|   |  | 24d. LOCATION (City, town, or county) (State) <b>Lemay Mo</b> |  |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <b>5-17-52</b> |  | REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>7420</b> |  |
|---|--|---|--|--|--|

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 Oliver E. Hendrick

Licensed Embalmer No. 4148

P. O. Address Jenny

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.