

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37206**

No. 300  
10.48

NOV 14 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>27035</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>ST. LOUIS</u>		a. STATE <u>MO.</u>		b. COUNTY <u>ST. LOUIS</u>			
b. CITY OR TOWN <u>LADUE</u>		c. LENGTH OF STAY (In this place) <u>25 Months</u>		c. CITY OR TOWN <u>LADUE</u>		<u>4421</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9755 Old Warsaw Rd</u>				d. STREET ADDRESS (If rural, give location) <u>9755 OLD WARSON RD 0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NAN</u>		b. (Middle) <u>-</u>		c. (Last) <u>RICKETT</u>	
				4. DATE OF DEATH (Month) (Day) (Year) <u>10-24-52</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Aug 12 1881</u>	9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>2</u>	11. DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN JAY SHEPARD</u>			13b. MOTHER'S MAIDEN NAME <u>BARBARA BELLE POORE</u>		14. NAME OF HUSBAND OR WIFE <u>SIDNEY JAMES RICKETT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BRENT S. BILLMAN</u> ADDRESS <u>As above</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sigmoid Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) <u>153X</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>MAY 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid Colon</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)		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>June 8, 1952, to Oct 24, 1952</u> , that I last saw the deceased alive on <u>Oct 24, 1952</u> , and that death occurred at <u>5:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Pennington MD</u> (Degree or title)				23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>10-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 27 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co MO</u>	
DATE REC'D BY LOCAL REG. <u>10-25-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks - Registrar - Aldrich Funeral Home</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webster Brown</u>		ADDRESS <u>MO</u>	

P.F. (Licensed Embalmer's Statement on Reverse Side)

**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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Robert Brown M*

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.