

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14004**
3189BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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 _____
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL** e. STREET ADDRESS (If rural, give location) **24 2850 PENNSYLVANIA 22470**3. NAME OF DECEASED
a. (First) **Josephine** b. (Middle) **NMN** c. (Last) **Rickaby** 4. DATE OF DEATH (Month) (Day) (Year) **April 7 1954**5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **Sept. 30 1883** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? _____13a. FATHER'S NAME **Joseph Preis** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **JOHN J. RICKABY**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **JOHN RICKABY 2850 PENNSYLVANIA**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) **Arteriosclerotic Heart Disease**
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____
rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes Mellitus**19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 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) **H20.0**21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____22. I hereby certify that I attended the deceased from **April 7, 1954**, to **April 7, 1954**, that I last saw the deceased alive on **April 7, 1954**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.23a. SIGNATURE (Degree or title) **C. J. Vermillion, M.D.** 23b. ADDRESS **BARNES HOSPITAL** 23c. DATE SIGNED **4/28/54**24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **Apr. 10 1954** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEM.** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS Mo.**DATE REC'D BY LOCAL REG. **APR 8 1954** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutis 2906 Gravois**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo J. Budde*.....
Licensed Embalmer No. *39*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.