

FILED JUL 21 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 24783

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1574</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RICHMOND HEIGHTS</u> township)		c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>57 CHAFFORD WOODS</u>			
3. NAME OF DECEASED a. (First) <u>RALPH</u> (Type or Print)			b. (Middle) <u>TEAGER</u>		c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8, 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1905 AUGUST 26, 1906</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIST. SALES MGR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COATS & CLARK CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PORTSMOUTH, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES H. RICE</u>			13b. MOTHER'S MAIDEN NAME <u>IRENE TEAGER</u>		14. NAME OF HUSBAND OR WIFE <u>MARY PHILOMENA RICE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>253-05-0072</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY P. RICE, 57 CHAFFORD WOODS</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION WITH VENTRICULAR TACHYCARDIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>ACUTE</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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>7/1</u> , 19 <u>54</u> , to <u>7/8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/8</u> , 19 <u>55</u> , and that death occurred at <u>11:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas W. Parker M.D.</u>			23b. ADDRESS <u>466 Maryland St. Louis, Mo</u>			23c. DATE SIGNED <u>7/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JULY 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>		
DATE RECD BY LOCAL REG. <u>7/11/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STOCK MORTUARIES, 889 S. BRENTWOOD BL.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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.