

No. 300  
10.48

KC-2 233 693

Reg. No. 9541

ST-6368

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27454

State File No. ....

BIRTH FILED SEP 9 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6609

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand St. Louis, Mo.		a. STATE MISSOURI b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (In this place) 26 Days		c. CITY OR TOWN FENTON 4779	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Route 1, Box 40	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) William	b. (Middle) H.	c. (Last) BICE	7-30-55		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-17-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Rice		13b. MOTHER'S MAIDEN NAME Emma Schwartz		14. NAME OF HUSBAND OR WIFE Margaret Rice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records St. Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF RIGHT LUNG		INTERVAL BETWEEN ONSET AND DEATH UNK.	
*This does not mean the mode of dying, such as heart failure, asthenia, 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)			
		II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/> NO <input 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) 163X	
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 7-4-55, 19, to 7-30-55, 19, and that death occurred at 5:00pm., from the causes and on the date stated above.

23a. SIGNATURE D. BOTH		(Degree or title) M.D.		23b. ADDRESS VAH, 915 N. Grand St. Louis, Mo.		23c. DATE SIGNED 7-31-55	
24a. BURIAL, CREMATION, OR REMOVAL removal		24b. DATE 8/3/55		24c. NAME OF CEMETERY OR CREMATORY Baptist Ch. Cemetary		24d. LOCATION (City, town, or county) (State) Glover, Mo.	

DATE REC'D BY LOCAL REG. AUG 1 1955		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE Edw. E. ...		ADDRESS 5611 So Grand	
-------------------------------------	--	-------------------------------------	--	--	--	-----------------------	--

(Licensed Embalmer's 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.....  
Signature of Student Embalmer

Signed *Ronald O. Palmer*.....

Licensed Embalmer No... *39*.....

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.