

FILED SEP 1 1955 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

28086

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6798**

1. PLACE OF DEATH a. COUNTY <b>4316a West Belle Pl.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <b>4316a West Belle Pl.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) _____		c. (Last) <b>Rice</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 1 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>4/3/1874</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>28</b>		IF UNDER 24 HRS. Hours _____ Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yard man</b>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Sparta, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		_____	

13a. FATHER'S NAME <b>George Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Ida ?</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE AND NAME <b>Barney Rice</b> ADDRESS <b>3752 Olive St.</b>	

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) <b>Arteriosclerotic Heart Disease; Generalized</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis; Body</b>		_____	
DUE TO (c) <b>Body decomposed</b>		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 <b>420.0</b>		20. AUTOPSY? YES <input 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) _____	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:50 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>James M. Kelly</b> (Print name or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>8-5-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/6/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson's Cem</b>	
24d. LOCATION (City, town, or county) <b>St. Louis County</b>		24e. (State) <b>Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Peoples Und. Co. 3100 Franklin</b> ADDRESS _____	
DATE REC'D BY LOCAL REG. <b>AUG 5 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Peoples Und. Co. 3100 Franklin</b> ADDRESS _____	

This body was not embalmed. Was taken from Coroner's Office and buried in Father Dickson's Cemetery, Aug. 6, 1955

**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

**NOT EMBALMED**  
*People Undertaking Co.*  
*Lewis Schen*  
*Rep.*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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