

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023670
STATE FILE NUMBER
6523
Registrar's No.

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Illinois b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 8120 Road District #3 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hosp.		Length of stay in 1b 1 day	
3. NAME OF DECEASED (Type or print) GEORGE RICKERT First Middle Last		4. DATE OF DEATH June 28 1958 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 7, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 6 Days 21 Hours - Min. -
11. BIRTHPLACE (City and state or country) Monroe County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Andrew Rickert		14. MOTHER'S MAIDEN NAME Mary O'Leary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 359-30-3152	
17. INFORMANT E. A. Rickert		Address 6919 Hened	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1 INTERVAL BETWEEN ONSET AND DEATH 15 min Years			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1	
20c. TIME OF INJURY Hour - Month, Day, Year -		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 4:20 am	
20f. CITY, TOWN, OR LOCATION Waterloo, Ill.		COUNTY STATE	
21. I attended the deceased from June 27 to June 28 and last saw ^{her} _{him} alive on June 28 Death occurred at 11:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Phauer M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 6/28/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jul. 1, 1958	
23c. NAME OF CEMETERY OR CREMATORY St Peter & Paul		23d. LOCATION (City, town, or county) (State) Waterloo, Ill.	
24. FUNERAL DIRECTOR Emil Guernheim		25. DATE RECD. BY LOCAL REG. JUN 30 '58	
26. REGISTRAR'S SIGNATURE Paul Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Jean Proloff*.....

Licensed Embalmer No. *43*

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.