

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007574

STATE FILE NUMBER

2-1827

FILED MAR 10 1959

Registration District No. Primary Registration District No.

Registrar's No.

300

-57

93

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ALEXIAN BROS Hosp.</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>2857 S. JEFFERSON</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ANTHONY G. RICK</i>			4. DATE OF DEATH Month Day Year <i>FEB. 20 1959</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG. 4 1886</i>		9. AGE (In years last birthday) Months Days Hours Min. <i>73 0 0 0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TUCK POINTER.</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>AUGUST RICK</i>		13b. MOTHER'S MAIDEN NAME <i>unk.</i>		14. NAME OF HUSBAND OR WIFE <i>MARY RICK</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WAR I</i>		16. SOCIAL SECURITY NO. <i>494-05-2027</i>		17. INFORMANT Name Address <i>MARY RICK 2857 S. JEFFERSON</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Removal of whole left lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Carcinoma of left lung</i> DUE TO (c) <i>Hemorrhage into cavity left 1/2 removed lung</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Feb. 4th to Feb. 20 1959</i>	
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.) <i>163x</i>			
20c. TIME OF INJURY Hour a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Feb. 4/59</i> to <i>Feb. 20/59</i> and last saw her alive on <i>Feb. 19/59</i> Death occurred at <i>Alexian Brothers Hosp.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>H. M. Kinnor M.D.</i>			22b. ADDRESS <i>2014 S. Jefferson</i>		22c. DATE <i>Feb 25 1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>FEB. 23 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S-S. PETER & PAUL</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>
24. FUNERAL DIRECTOR <i>Thomas Kute 2906 Gravois</i>			25. DATE RECD. BY LOCAL REG. <i>FEB 20 1959</i>		26. REGISTRAR'S SIGNATURE <i>Roal Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Eleanore Province*

Licensed Embalmer No. *34103*

P. O. Address *.....*

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.