

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 15 1959

59-034228

2 8267

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis ,		Length of stay in 1b	c. CITY OR TOWN St. Louis ,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pronounced dead at St. Anthony Hospital,			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4137a So. Compton Ave.,	
3. NAME OF DECEASED (Type or print) First Middle Last Carolyn Ann Rice,			4. DATE OF DEATH Month Day Year September 7, 1959		
5. SEX Female.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1959	9. AGE (last birthday) -0-	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 4 -0-
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri,	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John L. Rice,		13b. MOTHER'S MAIDEN NAME Eileen Dickmeite,	
14. NAME OF HUSBAND OR WIFE -----		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. None.	
17. INFORMANT John L. Rice, 4137a So. Compton Ave.,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Heart Type + Cleft Palate			
		DUE TO (c) Congenital Defects		762.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Blind due to no eyeballs				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour s.m. p.m. na					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) na	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from May 7, 1959 to Aug 1959 and last saw her Aug 13th alive on Aug 13th Death occurred at 9/7/59 11:57 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Priester C Hall MD		22b. ADDRESS 3902 Lafayette		22c. DATE SIGNED 10/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 9/8/59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St., St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. SEP 8 59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by ME _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, 18,

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.