

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013567

FILED VS MAR 30 1960

317

Primary Registration District No. 541

Registrar's No. 897

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton 5,</b>		Length of stay in 1b <b>DOA</b>	c. CITY OR TOWN <b>Des Peres</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>18 Topping Ln.</b>
3. NAME OF DECEASED (Type or print) First <b>LOUIS</b> Middle <b>G.</b> Last <b>RICE</b>			4. DATE OF DEATH Month <b>Mar.</b> Day <b>14</b> Year <b>1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-29-1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Executive Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>J.E. Latta Const. Co.</b>	9. AGE (last birthday) <b>51</b>
13a. FATHER'S NAME <b>Louis Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Anne Wolfe</b>	11. BIRTHPLACE (City and state or country) <b>New York City, N.Y.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Insufficiency</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <b>Fay Rice</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT <b>Des Peres, Mo.</b> <b>Fay Rice-18 Topping Lane</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>9:18 A/</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John C. Murphy MD Asst. Health Commissioner</b>		22b. ADDRESS <b>801 S. Brentwood Clayton, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		22c. DATE SIGNED	
23b. DATE <b>3-17-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>	
24. FUNERAL DIRECTOR <b>Pfzinger Mort-Kirkwood 22, Mo.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>3-15-60</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy MD</b>	

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

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

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.