

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 16 1935

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City, St. Louis

(No. St. Anthony's Hosp.)

File No. **27936**

Registered No. **7001**

2. FULL NAME Amanda Rickard

(a) Residence, No. St. R.F. Ward. Ste Genevieve Mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Drafton Rickard

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1935 to Aug 17 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3rd 1867

I last saw her alive on Aug 16 1935. Death is said to have occurred on the date stated above, at 3 1/2 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 11 14

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Emergency of Gall Bladder with gall stones Date of onset Aug 14th 1935

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.....

Other contributory causes of importance 176

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo

13. NAME Felix Talmondier

Name of operation Cholecystectomy Date of 8-14-35
What test confirmed diagnosis? Report Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo

15. MAIDEN NAME Julia Bequett

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Dorothy Rickard Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste Genevieve Mo DATE Aug 20th 1935

Manner of injury
Nature of injury

19. UNDERTAKER (ADDRESS) Albert St. Hope Inc 629 N. G. Ave.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

20. FILED AUG 18 1935 J. F. Bredeek Registrar.

(Signed) Mortimer H. Kelley M. D.
(Address) 7210 Olive St.

