V. S. No. 2
90M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19147

State File No.

FILED JUN 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5046

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4909 Emerson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4909 Emerson Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marvel J. Richie
3. (b) If veteran, name war None
3. (c) Social Security No. 493-10-9235
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace E. Richie
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 3, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	9	2	hr. min.

9. Birthplace Palmyra (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Operator
11. Industry or business Public Service Co.
FATHER 12. Name James M. Richie
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Alice Johnson
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Grace E. Richie
(b) Address 4909 Emerson Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair Missouri
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) JUN 7 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5, 1945 year 10 hour 45 minute A M.
21. I hereby certify that I attended the deceased from May 31, 1945, to June 5, 1945
that I last saw him alive on June 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the cervical glands — Duration: Don't know
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
55
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. L. Mennen (M. D. or other) MD
Address 5330 Gerald... Date signed 6/6/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1945

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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 this body is not embalmed, fact should be so stated above.