

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

SERIAL NUMBER U 2817	1. NAME (Print) MARVEL JOHNSON RICHIE (First) (Middle) (Last)	ORDER NUMBER
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2 PLACE OF RESIDENCE (Print) 4909 Emerson St Louis (Number and street) (Town, township, village, or city) (County) (State)	Mo
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[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS

Same

[Mailing address if other than place indicated on line 2. If same insert word same]

4. TELEPHONE MU 8440 (Exchange) (Number)	5. AGE IN YEARS 55 DATE OF BIRTH September 3 1886 (Mo.) (Day) (Yr.)	6. PLACE OF BIRTH Palmyra Ill Illinois (Town or county) (State or country)
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7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS

Grace Richie

8. EMPLOYER'S NAME AND ADDRESS

Public Service Co

9. PLACE OF EMPLOYMENT OR BUSINESS

577 De Balivre Ave (Number and street or R. F. D. number)	St Louis (Town)	Mo (County)	Mo (State)
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I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

D. S. S. Form 1
(Revised 4-1-42)

(over)

16-21630-2

Marvel Johnson Richie
(Registrant's signature)

3. No. 2
1-8-13
5-17-39
X37823

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 318

Registration District No. _____ Primary Registration District No. _____ 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? 0 (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 58 Months 9 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Palmyra Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Operator Public Service Co.

11. Industry or business _____

12. Name James M. Richie

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Alice Johnson

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace E. Richie

(b) Address 4909 Emerson Avenue

17. (a) Burial (b) Date thereof June 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 55

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OC
17
9

MOTHER FATHER