

3. No. 2
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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
11. Industry or business Public Service Co.

MOTHER FATHER { 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 _____
Duration Don't know

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? _____

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

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