

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 292

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

1. PLACE OF DEATH

(a) County Callaway Co.

(b) City or town Fulton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day.
(Specify whether years, months or days)

In this community One day.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3600 Lomen Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Leo Franklin Rick.

3. (b) If veteran, name war No

3. (c) Social Security No. none.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1941 hour 9 50 minute P M.

21. I hereby certify that I attended the deceased from Oct 26 1941 to Oct 27 1941 that I last saw him alive on Oct 27 and that death occurred on the date and hour stated above. 1941

Immediate cause of death traumatic hemorrhage Duration _____

4. Sex M. 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 70 years 5th of Oct 1867

7. Birth date of deceased: Jan (Month) 1867 (Day) 1867 (Year)

8. AGE: Years 74 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Fredburg, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation metal plating

11. Industry or business Retired

12. Name August Rick

13. Birthplace Ill. 9 1882 (City, town, or county) (State or foreign country)

14. Maiden name Rick

15. Birthplace Ill. 9 (City, town, or county) (State or foreign country)

16. (a) Informant George Aloysius Rick

(b) Address 66 Berry Road, Parkville, Mo.

17. (a) Removal (b) Date thereof Oct 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Past Cemetery, Fulton, Mo.

18. (a) Signature of funeral director George Haines

(b) Address 4228 Kings Highway St. Louis, Mo.

19. (a) 10-28-41 (b) R. M. Crewe
(Date received local registrar) (Registrar's signature)

Due to a chest injury caused in an automobile accident on Oct. 26 - 1941

Due to traumatic hemorrhage

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

Major findings: Of operations 170C

Of autopsy 22

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) accident

(b) Date of occurrence Oct 26 - 1941

(c) Where did injury occur? US Highway No. 10, in Callaway Co., Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(e) Means of injury Auto

23. Signature R. M. Crewe (M. D. or other) _____

Address Fulton, Mo. Date signed 10/27/41

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 *Edwin D. McDermott*.....

Licensed Embalmer No. *3024 ?*.....

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.