

DEC 28 1937

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

42351
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis *Ferguson Town* Registration District No. 333
 (b) Township St. Ferdinand Primary Registration District No. 446-8 Registered No. 203
 (c) City Ferguson (d) Street No. # 5 Turnstall Place St.
 (If death occurred in Hospital or Institution; write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNIE RIDGEON

(a) Residence, No. # 5 Turnstall Place St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1855

7. AGE YEARS 82 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER 13. NAME eter Brierley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Elizabeth Partley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Louis H. Nennich (ADDRESS) # 5 Turnstall Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Nov 12, 1937

19. FUNERAL DIRECTOR A. Shaw L. & Co. (ADDRESS) 2707 N. Grand Blvd

20. FILED 11-10-37 W. A. Zeitler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937, to Nov 10, 1937
 I last saw him alive on 11-10-37. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
 Date of onset 1930
 Other contributory causes of importance:
Arteriosclerosis 1920
Arteriosclerosis 1920

Name of operation none Date of L
 What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury L, 1937
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Ray Johnson, M. D.
 (Address) Ferguson, Mo.

Used Embalmer's Statement on Reverse Side)

Pew & Smith

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.

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STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154

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.)