85

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D MAY 10 1939

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

13027

Do not use this space.

791

1003

3369

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township or ..... Primary Registration District No. ..... Registered No. 3369

(c) City ST. LOUIS MO. (d) Street No. 1919 MADISON STR. 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 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 WILLIAM H. RIGGS

(a) Residence, No. 1919 MADISON STR St. 26

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ LOUISA RIGGS.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 3RD 1861.

7. AGE: YEARS 78 MONTHS 2. DAYS 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as saw mill, bank, etc. MACHINEST

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISIANA MO. 0

FATHER

13. NAME WASHINGTON RIGGS 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) QUINCY ILL 1

MOTHER

15. MAIDEN NAME REBECCA. MC LAUGHLIN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) QUINCY ILL

17. INFORMANT (ADDRESS) Louise Riggs 1919 Madison St

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE APR. 12TH 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BROCKLAND. UND. CO 1827 HOGAN STR.

20. FILED APR 11 1939 J. B. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 8TH. 1939.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Sclerosis;

Arterio Sclerosis;

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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 .....

Nature of injury ..... No

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph M Quinn, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 me.

—, Registered Apprentice No. —,

working under my personal supervision.

Signed John B. Brockland.

Licensed Embalmer No. #93.

P. O. Address St. Louis, Mo.

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, above space should be left blank.