

NOV 13 1939
Registration District No. 1003

791
1003

Primary Registration District No.

Registrar's No. 8470

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kevin DeLoage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hrs 28 min
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis [24]
(If outside city or town limits, write "RURAL")
(d) Street No. 3315 Kemp
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Edward Riggs 200

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 6, 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. 28 min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Charles Riggs

18. Birthplace Texas, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Wittje

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

16. (a) Informant's own signature Marie Riggs

(b) Address 3315 Kemp ave. St. Louis Mo

17. (a) (b) Date of removal 9-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutledge

19. (a) OCT 3 1939 (b) St. Louis, Mo.
(Date received local registrar) (City or town)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1939 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 6 @ 10:42 am, 1939, to 8:10 P.M. Sept 6, 1939; that I last saw him alive on September 6, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 9 hrs

Due to Coronary heart (atherosclerosis & infarct)

Due to _____

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

Major findings: Of operations _____

Of autopsy yes 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. K. Hamilton (M. D. or other) _____

Address 1325 P. Grand Blvd. Date signed 9/7/39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.