DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41926

11049

Primary Registration District No.

Registrar's No.

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.

1. PLACE OF DEATH: 106

(a) County

(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: Masonic Hospital
(If not in hospital or institution, write street number or location)

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

In this community 8 yrs 11mo 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Rigdon 235

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Anderson

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

7. Birth date of deceased January 13, 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	11	13	hr. min.

9. Birthplace Pavla, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Rigdon
13. Birthplace Garrett County Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marilda Head
15. Birthplace Lawrence County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fannie Spence
(b) Address 5351 Delmar St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Alexander & Sons
(b) Address 4135 Delmar

19. (a) DEC 27 1939 (Date received local registrar) (b) J. H. Brockerhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26, year 1939 hour 2. minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan. 19, 1931, 19, to Dec. 26, 1939, that I last saw him alive on December 26, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	8mths.
Due to Senility	6 mth.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Adam Lameson (M. D. or other)

Address 5837 Bernard Blvd Date signed

(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 Delbert E. White, Registered Apprentice No. 209, working under my personal supervision.

Signed Jos. L. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

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.