

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20186**  
Registrar's No. **5134**

Registration District No. **1710** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County St Louis, Mo  
(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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 63 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Margaret Adele Riggs  
3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased July 29, 1901  
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Condon N. J.  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business \_\_\_\_\_

12. Name William Riggs  
18. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Stager  
15. Birthplace Penna.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. W. McCulloch

(b) Address 721 Locust Street,

17. (a) Cremation (b) Date thereof June 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Craig Mortuary  
(b) Address 4468 Washington Blvd.

19. (a) JUN 12 1940 (b) E. W. McCulloch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town ST CLAYTON NA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 60 ARUNDEL PLACE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1940 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from April 9, 1940, to June 11, 1940  
that I last saw her alive on June 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Malignant hypertension  
Due to Tuberculosis of both kidneys  
Lungs not involved  
Due to \_\_\_\_\_

Other conditions 30  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Tuberculosis infection of pelvis  
+ cortex of left kidney (pt's only remaining kidney)

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 O. Anderson (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 6-12-40

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 X 1931

*Not embalmed.*

**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 with the above constitutes grounds for revocation of license.)**

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