

Registration District No. **313**

Primary Registration District No. **1003**

Registrar's No. **9720**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis Childrens' Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... **8 days**
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4320 West Pine Blvd.,**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Leonard J. Ridley**
3. (b) If veteran, name war **Nil**
3. (c) Social Security No. **Nil**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **fifth**
 year **1943** hour **6:17** minute **A. M.**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... **6. (c) Age of husband or wife if**
 alive..... years
7. Birth date of deceased **July 23 1943**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
10-28-43, 19... to **11-5-43**, 19...
 that I last saw him alive on **11-5-43**, 19...
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		3	12	br. min.

Immediate cause of death.....
Ac. Meningitis, Non-epidemic type
Congenital Heart Disease
 Due to.....
 Due to.....

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

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

10. Usual occupation **Infant**

Major findings:
 Of operations.....

11. Industry or business **At Home**

Of autopsy.....

12. Name **Lloyd Ridley**
13. Birthplace **Vale Tennessee**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

14. Maiden name **Crystal Myer**
15. Birthplace **Cartersville Illinois**
(City, town, or county) (State or foreign country)

(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.....

16. (a) Informant **Lloyd Ridley**
(b) Address **4320 West Pine Blvd.,**

23. Signature **R. O. Blotter** (M. D. or other)
Address **1015 S. Taylor** Date signed.....

17. (a) Removal (b) Date thereof **11/5/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. **Cartersville, Illinois.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc**
(b) Address **4700 Washington Blvd.**
19. (a) NOV 5 1943 (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration
Physician
 Underline the cause to which death should be charged statistically.

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

Albert G. Hopper

Licensed Embalmer No.

2971

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, fact should be so stated above.