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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36835

State File No. _____
 Registrar's No. 10483 ✓

FILED DEC 9 1943

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptists Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(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. 316 Laurel Ave.
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Madelym White Rigo
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 28
 year 1943 hour 12 minute 42 P M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert C. Rigo 6. (c) Age of husband or wife if alive 35 years

Immediate cause of death _____
 Due to _____
 Due to _____

7. Birth date of deceased July 15 1902
(Month) (Day) (Year)
 8. AGE: Years 41 Months 4 Days 13 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Arcada Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

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? _____

11. Industry or business _____
 12. Name Samuel Bradley
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Lucretta Mathens
 15. Birthplace Arcada Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Cerebral Hemorrhage
J. F. Buresek

16. (a) Informant Robert C. Rigo
 (b) Address 316 Laurel Ave.
 17. (a) Burial (b) Date thereof Dec. 1-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director P. Nicoli - son
1150 N. Kingshighway
 (b) Address NOV 30 1943 J. F. Buresek
 19. (a) (Date received local registrar) (Registrar's signature)

23. Signature Thomas F. Callahan (M. D. or other) _____
 Address Deputy Coroner Date signed 1-29-43
(Specify type of place) (e) Means of injury _____

844

(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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Walter G. Koffe

Licensed Embalmer No.....*2971*.....

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, fact should be so stated above.