

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED NOV 23 1945  
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1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3841 Kingsland Court  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME Arthur C. Riddick, Sr.  
3. (b) If veteran, name war.  
3. (c) Social Security No. 488-01-0419

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marie  
6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased June 22 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 4 19 hr. min.

9. Birthplace Morgan Co. N. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Vice Pres.  
11. Industry or business H. H. Coleman Co.

MOTHER FATHER  
12. Name John E. Riddick  
13. Birthplace N. Car. /  
(City, town, or county) (State or foreign country)  
14. Maiden name Corprew  
15. Birthplace N. Car. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Carson  
(b) Address Burial Parkwood Mo  
17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Nov. 15, 1945  
(Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery  
18. (a) Signature of funeral director Wacker-Beldrie  
(b) Address 3634 Gravois Ave.  
19. (a) NOV 13 1945 J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3841 Kingsland Court  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. 11 day  
year 1945 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis  
Due to  
Due to  
Other conditions.  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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 (M. D. or other)  
Address Date signed

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

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**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. 2675

P. O. Address. St. Louis

**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.**