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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29966

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1687

96

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Gardenville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Miller Nursing Home 4 (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 St. Louis 96

(c) City or town Gardenville 0 (If outside city or town limits, write "RURAL")

(d) Street No. 8149 Gravois 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Milford Riggs

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Rees Riggs

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased September (Month) 5 (Day) 1866 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 11 | 1 | hr. min. |

9. Birthplace Kenton Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Retired

11. Industry or business Minister

FATHER

12. Name James Riggs

13. Birthplace Kenton Co. (City, town, or county) Kentucky (State or foreign country)

MOTHER

14. Maiden name Elizabeth Longmoor

15. Birthplace Kenton Co. (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant M. Dudley Riggs

(b) Address 521 Atlanta, Web. Gro., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 8-9-47 (Date received local registrar) (b) Cecil A. J. Sharp MO (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 6th, year 1947 hour minute M.

21. I hereby certify that I attended the deceased from June 12th, 1947 to August 6th, 1947; that I last saw him alive on August 1st, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Myocarditis | 1 wk. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis and Chronic Arteriosclerosis | 6 Mo. |

131

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause of 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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Walters M.D.

Address 3608 S. Grand Blvd. Date signed 8/8/47

Jefferson City Printing Co. (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. Ernest W. Spillard

Licensed Embalmer No. 4080

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.