

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21943

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2063		Registrar's No. 1285	
1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		c. LENGTH OF STAY (In this place) <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CREVE COEUR RURAL</b>		<b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST LOUIS CO HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>LINK ROAD</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ROBERT</b>		b. (Middle) <b>A</b>		c. (Last) <b>RIDDLE</b>	
4. DATE OF DEATH		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<b>5 21 1949</b>		<b>11-20-1866</b>		<b>82</b>		<b>6 7</b>	
8. DATE OF BIRTH		9. AGE (In years, last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY	
<b>11-20-1866</b>		<b>82</b>		<b>11. BIRTHPLACE (State or foreign country) MT VERNON, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Philip Riddle</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA STURMAN</b>		14. NAME OF HUSBAND OR WIFE <b>VENA RIDDLE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Dehydration</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
DUE TO (b)		<b>Post Operative Carcinoma</b>					
DUE TO (c)		<b>of the rectum</b>					
II. OTHER SIGNIFICANT CONDITIONS		<b>Arterio sclerosis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		<b>1542 462</b>	
22. I hereby certify that I attended the deceased from <b>5-20-1949</b> to <b>5-21-1949</b> that I last saw the deceased alive on <b>5-21-1949</b> , and that death occurred at <b>10:10 A.M.</b> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>B. K. Hurley M.D.</b>		23b. ADDRESS		23c. DATE SIGNED <b>5/21/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>burial</b>		<b>5-29-49</b>		<b>VAL HALLA CEMETERY</b>		<b>WELLS STON MO</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<b>5-22-49</b>		<b>Thurible Lunge</b>		<b>Brothers Inc</b>		<b>Overland MO</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

96  
2  
3

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *Oscar F. Mueller* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3039* .....

P. O. Address *Oneilard 1x Va* .....

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.