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FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39215
9945

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO
c. LENGTH OF STAY (in this place) 8 DAYS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL

d. STREET ADDRESS (If rural, give location) 2814 ARSENAL

3. NAME OF DECEASED (Type or Print)
a. (First) PAULINE b. (Middle) E. c. (Last) RIGGS

4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1949

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Nov. 3 1898

9. AGE (in years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. - 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FREDERICK HARSTICK

13b. MOTHER'S MAIDEN NAME LOUISA WEICERSMUELLER

14. NAME OF HUSBAND OR WIFE RAYMOND RIGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAYMOND T. RIGGS 2814 ARSENAL

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cocarhia of generalised carcinoma of the breast.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Right Breast.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 Weeks 6 Mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 50

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 170X

22. I hereby certify that I attended the deceased from 10-25, 1948, to 11-17, 1949, that I last saw the deceased alive on 10-17, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William W. Zuber M.D.

23b. ADDRESS 310 8th Ground

23c. DATE SIGNED 11-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Nov. 19 1949

24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. NOV 18 1949

REGISTRAR'S SIGNATURE J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutei 2906 Gravoie

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

Ames, 11³⁰ to 5³⁰
OK 5/11/12

18

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.....

.....
working under my personal supervision.

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

Signed..... *Harner C Dill*

Signed.....

Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Davie*

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.