

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11002

State File No. _____

2450

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

1. PLACE OF DEATH a. COUNTY St Louis			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		c. LENGTH OF STAY (in this place) 40 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2189
d. FULL NAME OF HOSPITAL OR INSTITUTION. Home 3021 Spruce			d. STREET ADDRESS (If rural, give location) 3021 Spruce st		

3. NAME OF DECEASED (Type or Print) / William Ridley			4. DATE OF DEATH (Month) (Day) (Year) Mar 11 - 1950		
5. SEX M	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15 - 1871		9. AGE (In years last birthday) 78 if under 1 year: Months 9 Days 26 if under 12 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Boyed Ridley		13b. MOTHER'S MAIDEN NAME Emma Garriet		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Margaret Ridley ADDRESS 4158 W Belle		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 7 days 1 yr
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) HH3X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/4, 1950** to **3/11, 1950**, that I last saw the deceased alive on **3/11, 1950**, and that death occurred at **9:32** m., from the causes and on the date stated above.

23a. SIGNATURE Wm G Payne (Degree of title)		23b. ADDRESS 3146e haw ledge st herts 3		23c. DATESIGNED 3/13/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 15-50	24c. NAME OF CEMETERY OR CREMATORY St Petters	24d. LOCATION (City, town, or county) (State) St Louis Co Mo		
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DATE REC'D BY LOCAL REG. MAR 14 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Hughes ADDRESS 2620 Lawton	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed James A. Carter.....

Licensed Embalmer No. 4681.....

P. O. Address 4923 Suburban.....

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.