No. 300
v. 10-48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15450

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1053

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hiway # 66 (RURAL) STAFFORD AND TWSP.
c. LENGTH OF STAY (in this place) --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway 66 & 140

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson 4001
d. STREET ADDRESS (If rural, give location) Route # 10 Box 693

3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) Paul c. (Last) Ridenhour

4. DATE OF DEATH (Month) (Day) (Year) Apr. 23, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 1/3/25
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR Months 3 Days 20 — IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finisher
10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal
11. BIRTHPLACE (State or foreign country) Ferguson, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lewis H. Ridenhour
13b. MOTHER'S MAIDEN NAME Pauline Painter
14. NAME OF HUSBAND OR WIFE Dorothy Ridenhour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World 11
16. SOCIAL SECURITY NO. --
17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Meyer Ferguson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) avulsion of left arm, hemorrhage and shock - operating automobile

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) which collided with a truck.

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: 3 Hrs 4 26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 400
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) Robertson (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 23 50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile collision

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner 3
23b. ADDRESS Clayton, Mo.
23c. DATE SIGNED 4/24/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 4/26/50
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) St. Louis, Co. (State) Mo.
DATE REC'D BY LOCAL REG. 4-24-50
REGISTRAR'S SIGNATURE Herbert R. Wourke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.

(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 F. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, Ky.

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.