

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42746  
Registrar's No. 10279

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
 a. COUNTY 0  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
 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) St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY Montgomery  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower 0700  
 d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED  
 a. (First) Mae  
 b. (Middle) Johnson  
 c. (Last) Riddle  
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 1950

5. SEX female  
 6. COLOR OR RACE white  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2  
 8. DATE OF BIRTH Oct. 6, 1891  
 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 59

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) Missouri 0  
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George T. Johnson  
 13b. MOTHER'S MAIDEN NAME Laura Goshorn  
 14. NAME OF HUSBAND OR WIFE Wm. H. Riddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  
 16. SOCIAL SECURITY NO. none  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. H. Riddle, Jr., Detroit, Michigan

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinomatosis of liver & abdomen.  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) ---  
 DUE TO (c) Carcinoma, origin undetermined  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 Probably Gall bladder.

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  
 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR? 155X

22. I hereby certify that I attended the deceased from 11:20, 1950, to 12:10, 1950, that I last saw the deceased alive on 12-1, 1950, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. K. Friskal M.D.  
 23b. ADDRESS 539 N. Broad  
 23c. DATE SIGNED 12-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
 24b. DATE 12-2-50  
 24c. NAME OF CEMETERY OR CREMATORY Olney Cemetery  
 24d. LOCATION (City, town, or county) (State) Olney, Missouri

DATE REC'D BY LOCAL REG. DEC 2 1950  
 REGISTRAR'S SIGNATURE  
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

WRITE PLAINLY—USING UNFADEING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Wm Birdsey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3653*

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.