

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10896**  
Registrar's No. **676**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3063</b>		Registrar's No. <b>676</b>			
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) <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>23</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Crege Coeur - Rural 4730</b>		d. STREET ADDRESS (If rural, give location) <b>Brewster Av. 1</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>				3. NAME OF DECEASED a. (First) <b>VENA</b> b. (Middle) _____ c. (Last) <b>RIDDLE</b>					
5. SEX <b>F</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Feb. 14, 1885</b>			
9. AGE (In years last birthday) <b>66</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Carterville, Ill. 1</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Emanuel Tottleben</b>		13b. MOTHER'S MAIDEN NAME <b>Mollisa Moka</b>		14. NAME OF HUSBAND OR WIFE <b>Robert A. Riddle, Dec'd.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gus R. Baumann, 2504 Woodson Rd. Overland</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> 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 <b>3-13-51</b> <b>to</b> <b>3-15-51</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <b>3-14</b> , 19 <b>51</b> , to <b>3-15</b> , 19 <b>51</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:03A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Herman C. Ross</b>				23b. ADDRESS <b>M.D. 601 S. Brentwood Clayton 5 Mo</b>		23c. DATE SIGNED <b>3-15-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-17-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Wells ton, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>3/15/51</b>		REGISTRAR'S SIGNATURE <b>Robert P. Donohue</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Baumann Bros. 2504 Woodson Rd. Overland, Mo.</b>					

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 3039

working under my personal supervision.

Student Embalmer No.....

Signed Oscar F. Mueller

Signed.....  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.