

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1951

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1003

State File No.

4060

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 4060				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129				
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home 4500 Washington Blvd				STREET ADDRESS (If rural, give location) 4500 Washington Blvd						
3. NAME OF DECEASED a. (First) August (Type or Print)			b. (Middle) Simon		c. (Last) Ridder		4. DATE OF DEATH (Month) (Day) (Year) April 30 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH November 10 1869	9. AGE (In years last birthday) 81	# UNDER 1 YEAR Months 5	YEAR Days 20	# UNDER 24 HRS. Hours 0	MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Rosebud Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Carl Ridder			13b. MOTHER'S MAIDEN NAME Minnie Pillemer			14. NAME OF HUSBAND OR WIFE _____				
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 Rev. F. J. Lenhorst					ADDRESS 4500 Washington Blvd
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) Cerebral thrombosis ANTECEDENT CAUSES arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 322X						
22. I hereby certify that I attended the deceased from Jan 15 1951 , to April 30 1951 , that I last saw the deceased alive on April 24 1951 , and that death occurred at 7:15 a.m. , from the causes and on the date stated above.										
23a. SIGNATURE H. F. Bergman				(Degree or title) M.D.		23b. ADDRESS 3920 Washington		23c. DATE SIGNED 4/30/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 2 1951		24c. NAME OF CEMETERY OR CREMATORY Church Cemetery		24d. LOCATION (City, town, or county) (State) Drake Mo. 64000				
DATE REC'D BY LOCAL REG. APR 30 1951		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Futz					ADDRESS 4828 Nat. Bridge Blvd

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

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2-3 12 1927

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

John A. Melman

Signed.....
Student Embalmer

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.