

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14638
31860

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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 Saint Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2609 S. Grand Blvd.				17. STREET ADDRESS (If rural, give location) 2609 S. Grand Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) Alanson Belden b. (Middle) Riggs c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1951.					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 7, 1872		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		Hour _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weight-master			10b. KIND OF BUSINESS OR INDUSTRY Weights & Measures			11. BIRTHPLACE (State or foreign country) Jersey City, New Jersey		
12. CITIZEN OF WHAT COUNTRY? USA								
13a. FATHER'S NAME George Spencer Riggs			13b. MOTHER'S MAIDEN NAME not known			14. NAME OF HUSBAND OR WIFE not known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Mrs. Azbell, 2609 S. Grand 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? PO 2X				
22. I hereby certify that I attended the deceased from Jan 30, 1951 , to Apr. 1, 1951 , that I last saw the deceased alive on Mar 30, 1951 , and that death occurred at 12 noon , from the causes and on the date stated above.								
23a. SIGNATURE Charles A. Kellogg M.D. (Degree or title)			23b. ADDRESS 3903 Olive St. Louis 8			23c. DATE SIGNED 4-2-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 2 1951 J. O. Jasster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CRAIG, 4700 Washington Blvd.				

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

J. W. M. Binkley

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.