

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29149**

Reg. No. **1079** FILED **AUG 30 1951**
XC-16 481 188

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2939**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDWARDSVILLE, ILLINOIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 1107a North Main	

3. NAME OF DECEASED (Type or Print)	a. (First) MILTON	b. (Middle) C.	c. (Last) RIDGEWAY	4. DATE OF DEATH (Month) (Day) (Year) 8/18/51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4/18/05	9. AGE (In years last birthday) 46 yrs.	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production worker	10b. KIND OF BUSINESS OR INDUSTRY U.S. Radiator Corp.	11. BIRTHPLACE (State or foreign country) Edwardsville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Ridgeway	13b. MOTHER'S MAIDEN NAME Part henia Stewart	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes World II	16. SOCIAL SECURITY NO. 703015002	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MONOCYTIC LEUKEMIA		
	ANTECEDENT CAUSES DUE TO (b) - - - - DUE TO (c) - - - - 2042		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5/17**, **1951**, to **8/18**, **1951**, that I last saw the deceased ~~at the residence of the deceased~~, and that death occurred at **5:58 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Franklin P. Reulbach (Type or Print)	23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 8/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/19/51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) EDWARDSVILLE ILL.
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DATE REC'D BY LOCAL REG. 8-19-51	REGISTRAR'S SIGNATURE Robert P. Dombek	25 FUNERAL DIRECTOR'S SIGNATURE Schmerder Funeral Home	ADDRESS Edwardsville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 24 1952

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 E. P. Schneider

Licensed Embalmer No. 4135

P. O. Address Edwardsville, Ill.

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.