

FILED JAN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

837

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Boles Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1 Pacific</u>		d. STREET ADDRESS (If rural, give location) <u>26 So. 78th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>E.</u> c. (Last) <u>Ridgway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14, 1954</u>		
----------------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 8, 1878</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	----------------------------------------------------------------	-----------------------------------------------------------	--------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>E. St. Louis Water Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Ernest Ridgway</u>	13b. MOTHER'S MAIDEN NAME <u>Samuella MOORE</u>	14. NAME OF HUSBAND OR WIFE <u>Lennie Ridgway</u>
------------------------------------------	-------------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Yes. ?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lennie Ridgway Pacific RFD #1 Mo</u>	ADDRESS _____
--------------------------------------------------------------------------------------------------------------------	---------------------------------------	---------------------------------------------------------------------------	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular, Renal disease.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Generalized arteriosclerosis</u>			

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 AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------

22. I hereby certify that I attended the deceased from Dec 4, 1953, to Jan 14, 1954, that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Pacific Mo</u>	23c. DATE SIGNED <u>1-16-54</u>
---------------------------------------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem. St. Louis, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
---------------------------------------------------------	--------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Jan. 16-54</u>	REGISTRAR'S SIGNATURE <u>Mary B. Cross</u>	94-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo L. Huber, Pacific, Mo.</u>	ADDRESS _____
--------------------------------------------	--------------------------------------------	------	--------------------------------------------------------------------	---------------

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

8260

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 *Geo. L. Shiehan*

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.

↓
↓
↓