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

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38758

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9202

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Faith Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston 431
d. STREET ADDRESS (If rural, give location): 6156 Gambelton Pl.

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): S
c. (Last): Giddens Sr.

4. DATE OF DEATH (Month) (Day) (Year): 10/10/54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/25/1904
9. AGE (In years last birthday): 50
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor *Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Const.
11. BIRTHPLACE (State or foreign country): ? Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Giddens
13b. MOTHER'S MAIDEN NAME: Nillie Jefford
14. NAME OF HUSBAND OR WIFE: Lillian Giddens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *** * ***
16. SOCIAL SECURITY NO.: 491 14 7755
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Lillian Giddens 6156 Gambelton Pl.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAY

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) RHEUMATIC HEART DISEASE — 14 MO.
DUE TO (c)

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 [X] NO [ ]

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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

416X

22. *I hereby certify that I attended the deceased from* JAN 1, 19 53, *to* 10-10, 19 54, *that I last saw the deceased alive on* 10-10-54, 19____, *and that death occurred at* 8:00am., *from the causes and on the date stated above.*

23a. SIGNATURE: Orville Q. Smith
(Degree or title): M.D.
23b. ADDRESS: 1194 Hodiamont Ave
23c. DATE SIGNED: 10-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/13/54
24c. NAME OF CEMETERY OR CREMATORY: Hartshorn Cem
24d. LOCATION (City, town, or county) (State): Hartshorn, Missouri

DATE REC'D BY LOCAL REG. OCT 11 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos.W.Clark 1125 Hodiamont Ave.
(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hollywood

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.