

# R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**FILED VS MAR 7 1960**



Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar **2 2119** - **60-008778** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4663 EVANS</b>			d. STREET ADDRESS (If outside, give location) <b>4663 EVANS</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CANARY E Riddle</b>			4. DATE OF DEATH Month Day Year <b>2 20 60</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-27-09</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days <b>7 24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Frostville LA. U.S.A</b>	
13a. FATHER'S NAME <b>CHAS. WALKER</b>		13b. MOTHER'S MAIDEN NAME <b>ANNIE COSBY</b>		14. NAME OF HUSBAND OR WIFE <b>CLIFTON RIDDLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>CLIFTON RIDDLE 4663 EVANS</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 yrs.</b>
IMMEDIATE CAUSE (a)	<b>HYPERTENSIVE &amp; CORONARY HEART DISEASE</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<b>420.1</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>June 21, 1956</b> to <b>Feb. 20, 1960</b> and last saw her <sup>him</sup> alive on <b>Feb. 20, 1960</b> Death occurred at <b>3:20</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles Fardle, M.D.</b>		22b. ADDRESS <b>2801 N. Taylor</b>	22c. DATE SIGNED (State) <b>3/22-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>2-24-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PK</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>A.F. WALTON 2707 Stoddard</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 23 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

*M J 12*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jay

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.