

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1962

-62-004457

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1320**

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Illinois b. COUNTY Madison									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 month		c. CITY OR TOWN Granite City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2704 Iowa Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Jacob Middle Rydgig Last Rydgig			4. DATE OF DEATH Month January Day 30 Year 1962										
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 5 1906		9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Double Welder Operator				10b. KIND OF BUSINESS OR INDUSTRY Laclede Steel Co.		11. BIRTHPLACE (City and state or country) Madison, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Thomas Rydgig				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Myrtle					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes March - 1941 to Oct. 1941								16. 16		17. INFORMANT Myrtle M. Rydgig		Address 2704 Iowa Avenue Granite City, Ill.	
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			
IMMEDIATE CAUSE (a) BLEEDING GASTRIC ULCER										SEVERAL WKS.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LOWER NEPHRON NEPHROSIS										1 MONTH			
DUE TO (c) LAENNEC'S CIRRHOSIS 581.1										MANY YEARS.			
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 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 NOV. 24, 1953 to JAN. 30, 1962 and last saw her/him alive on JAN. 30, 1962 Death occurred at 11:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) C. Hamilton, M.D.						22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 1/30/62				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)							
Rem. to Madison, Illinois 1/30/62		St. Marys Russian Orthodox Cemetery		Edwardsville		Illinois							
24. FUNERAL DIRECTOR Harold D. Deley				ADDRESS		25. DATE RECD. BY LOCAL REG. JAN 30 1962		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Signature of Student Embalmer

Signed

Francis J. Sahley

Licensed Embalmer No. 2792

P.O. Address Madison 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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