

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13132

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. Mo. Baptist Seminary)

File No.

Registered No. **3432**

St. Ward)

2. FULL NAME

(a) Residence. No. 1466 7th St. St. 26 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>4</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Casket manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Himself

9. BIRTHPLACE (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)

10. NAME OF FATHER John W. Riddle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maryland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT Hedwig Riddle
(Address) 1710 N. Grand St.

15. FILED APR -9 1927 Man. G. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1927, to April 8, 1927, that I last saw him alive on April 7, 1927, and that death occurred, on the date stated above, at 1259 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis
myocarditis Chronic
(duration) 3 yrs. mos. ds.
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical + Laboratory
(Signed) F. L. Hills M. D.
, 19 (Address) 5921 Easton Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL Apr 10 1927

20. UNDERTAKER Callman Bros ADDRESS 1702 Grand St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1
Dr. Gibbs

union & Eastern

Form 3770

Feb. 04 98