

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

Do not use this space.

38091

1. PLACE OF DEATH

County St. Louis  
Towship  
City Clayton

Registration District No. 791  
Primary Registration District No. 6A63  
(No. 7511 Residing)

File No.  
Registered No. 361  
St. Ward

2. FULL NAME Ludovic H. Risque

(a) Residence No. 7511 Residing St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rileen Brooks Risque

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
77 1 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Pub. Acct.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Georgetown  
(STATE OR COUNTRY) D.C.

10. NAME OF FATHER Ludovic H. Risque

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

12. MAIDEN NAME OF MOTHER Pauline Salome Pichell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Georgetown  
(STATE OR COUNTRY) D.C.

14. INFORMANT Jus A. B. Risque  
(Address) 7511 Residing Ave

15. FILED 12/27/27 J. B. Sedwick  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1927

17. I HEREBY CERTIFY That I attended deceased from Dec. 14, 1927, to Dec. 22, 1927, that I last saw him alive on Dec. 14, 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
(Coronary artery thrombosis)

920  
950  
1000 (duration) 10 yrs. or more

CONTRIBUTORY large vesicular granules  
(SECONDARY) (duration) many yrs.

18. WHERE WAS DISEASE CONTRIBUTED  
IF NOT AT PLACE OF DEATH 920 B

DID AN OPERATION PRECEDE DEATH? No DATE OF  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Walter Baumgarten, M. D.

(Address) 912 Brandt Bldg.  
\*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 Bellevue  
DATE OF BURIAL Dec. 24 1927

20. UNDERTAKER Alexander Wilson  
ADDRESS 6175 Delmar

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.

22 1928

