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

Do not use this space.

12744

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Mo. Pac. Hospital ..... St. ..... Ward)

File No. .....

Registered No. 3279

2. FULL NAME Thomas Baillo Ringgold

(a) Residence. No. St. Francis Hotel St. 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: 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 Mrs T.B. Ringold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-8-1888

7. AGE: Years 40 ~~1889~~; Months 5; Days 7; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Express Messenger
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer Mo. Pac. Ry.

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

PARENTS
10. NAME OF FATHER Thos. B. Ringgold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) La
12. MAIDEN NAME OF MOTHER Annie Ker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) La

14. INFORMANT Dr. J.A. Mendeth
(Address) Mo. Pac. Hospital

15. FILED MAR 15 1929 Max C. Toarkeyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-7-29, 19..., to 3-15-29, 19..., that I last saw him alive on 3-15-29, 19..., and that death occurred, on the date stated above, at 2:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis Chr.
93C Hypertension
13
10 (duration) 20 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) ..... yrs. ..... mos. 5 da

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? Examy urine + blood.

(Signed) Dr. J.A. Mendeth, M.D.
, 19 (Address) Mo. Pac. Hosp.

*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: Alexandria La.
DATE OF BURIAL: 3-15 1929

20. UNDERTAKER: McLaughlin
ADDRESS: 1631 Mo. Ave

WHITE 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.

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