

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

Do not use this space.

20163

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. City Hospital #1)

File No.
Registered No. **6238**
St. Ward)

2. FULL NAME

(a) Residence. No. 1219 Chambers St. Ne 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Ridgway
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jul 28 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 1
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 255
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1931
17. I HEREBY CERTIFY, That I attended deceased from May 11 1931 to May 29 1931 that I last saw her alive on May 29, 1931, and that death occurred, on the date stated above, at 5:30 a.m.

93C THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic hypertensive arteritis
Chronic myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93C
(duration) 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? refused
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + laboratory
(Signed) E. Scherman M. D.
5130 (Address) City Hospital

*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
10. NAME OF FATHER Matthew H. Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Mary Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT (Address) City Hospital

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews DATE OF BURIAL June 4 1931

15. FILED 11-1-31 1931 W. A. Sturdivant REGISTRAR

20. UNDERTAKER Bennet - Nichols ADDRESS 1138 No. 6th

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.

Ridgway