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.

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

Do not use this space.

2588

File No. .....

Registered No. 281

**1. PLACE OF DEATH**

County ..... Registration District No. 491

Township ..... Primary Registration District No. 5011.5E

City St Louis Mo (No. City Hospital 2 St. ..... Ward)

**2. FULL NAME** Robert G. Ridley

(a) Residence, No. 1115 N 21st St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Clyde Ridley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-15-1890

7. AGE: YEARS 41 | MONTHS 1 | DAYS 16 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook 231
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): A Gertrude Heath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem DATE Jan 10 1932

19. UNDERTAKER (ADDRESS): G. Scott 3015 Lawton ave

20. FILED JAN -9 1932 19 Ray C Starkey Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 - 1 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1931, to 1-1-, 1932

I last saw him alive on 1-1, 1932. Death is said to have occurred on the date stated above, at 2:50 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ACUTE Encephalitis NON-EPIDEMIC DUE TO SEPTICEMIA | 1 month |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Smith, M. D.

(Address) City Hospital #2