

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.

33687

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 14033
City St Louis No. 2135 Papin

File No.....
Registered No. 8979
St..... Ward)

2. FULL NAME

Richard Rigner

(a) Residence No. 2135 Papin St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 43 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 ca 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Rigner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 43 Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Mary Bowles

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

14. INFORMANT Alice Rigner
(Address) 2135 Papin St

15. FILED OCT -9 1932 19 Mar 6. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 7 1932

17. I HEREBY CERTIFY, That I attended deceased from 8/27/32, 19, to Oct 7/32, 19, that I last saw ~~him~~ alive on 10/7/32, 19, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Coronary Artery Disease

10/5/32 (duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. 1 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ①

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab.
(Signed) Stephen Vesey, M. D.

(Address) 10/5/32 3202^e Park

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 Greenwood DATE OF BURIAL Oct 9 1932

20. UNDERTAKER J W Hughes ADDRESS 2620 Lawton

