

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

Do not use this space.

NOV 4 1936

39516

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis Mo.** (No. **2939 a Olive Street**) St. Ward)

2. FULL NAME **George Riggins**
 (a) Residence, No. **2301 O'Fallon St.** 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 **Unavailable** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Lucy Riggins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 Abt. 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Matt Riggins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Nora Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
 Arkansas

17. INFORMANT (ADDRESS) Erby Banapart
 2939a Olive Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Oct 21, 1936

19. UNDERTAKER (ADDRESS) Charles Bates
 4107 Finney Avenue

20. FILED OCT 22 1936 J. T. Bredeck Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from *Rt. 2301 O'Fallon St.*, 19....., to *10/15/36*, 19.....
 I last saw him alive on **October**, 19.....**36** Death is said to have occurred on the date stated above, at **4:10 A.M.**
 The principal cause of death and related causes of importance were as follows:

Decompensating aortic regurgitation
131
 Other contributory causes of importance:
Myocarditis with cardio-vascular neural insufficiency
 Name of operation **None** Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

Date of onset
fatal
with
reg.
Some
coronary
reg.

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) *J. T. Bredeck*, M. D.
 (Address) **2748a Franklin Avenue,**

