

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32569

Do not use this space.

1. PLACE OF DEATH

Homer G Phillips Hospital

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City..... St. Louis

(d) Street No. 2601

N Whittier

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 8623

2. PRINT FULL NAME

Josephine Riggs

(a) Residence, No. 1430 Biddle St. 15

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1919

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

17

10

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

nil

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Arkansas

FATHER

13. NAME

Henry Riggs

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

unknown

MOTHER

15. MAIDEN NAME

Marie Mugg

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

unknown

17. INFORMANT (ADDRESS)

Evelyn Hilliard

2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father's Religion

DATE

9-16

1917

19. FUNERAL DIRECTOR (ADDRESS)

City Funeral Home 2820 Broadway

20. FILED

SEP 14 1937

J. F. Bredeck

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1937 to Sept. 12, 1937

I last saw her alive on Sept. 12, 1937 Death is said

to have occurred on the date stated above, at 3:07 m. a.m.

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

Pulmonary tuberculosis

Date of onset 8/21/37

Other contributory causes of importance:

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

What test confirmed diagnosis? clinical Was there an autopsy? no

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) C. L. Lewis M. D.

(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

32000

STATEMENT BY LICENSED EMBALMER

I, Ronnie Boykins

Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Ronnie Boykins

Licensed Embalmer No. 2946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)