

1635 Carr St  
FEB 12 1938

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

814  
Do not use this space.

7917  
1003

Registered No. 670

1. PLACE OF DEATH  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. 2803 Papin St. ..... St.  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Riggins 252  
 (a) Residence, No. 2803 Papin St. St. 22 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE Col.  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
16 4 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. School-Boy  
 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) Miss.

FATHER  
 13. NAME Joseph Riggins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER  
 15. MAIDEN NAME Willie Holen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Joseph Riggins  
2803 Papin St.  
2803 Papin St.  
 PLACE St. Louis DATE 1-20-38

19. FUNERAL DIRECTOR Wade Und. Co.  
 (ADDRESS) 206 Finney 2803 Papin St.  
JAN 19 1938 J. Bredeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1938, to Jan 13, 1938  
 I last saw him alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Adhesive Pericarditis  
(Rheumatic Origin)  
36  
 Other contributory causes of importance:  
myocardial disease  
(Rheumatic origin)  
 Date of onset Aug. 1937  
Feb. 1937

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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? no.  
 If so, specify .....  
 (Signed) Julius C. Shergard, M. D.  
 (Address) 1635 a. Carr St.

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.

1 X12004

*Deceased*

STATEMENT BY LICENSED EMBALMER

I, *S J Watson*, Licensed Embalmer No. *2695*

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *S J Watson*

Licensed Embalmer No. *2698*

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.)