NOV 18 1938 REC'D DEC 8 1938

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

40418
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township Cor[illegible] — Primary Registration District No. 200 — Registered No. 1882
(c) City Jefferson Barracks, — (d) Street No. Vet Hosp 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 George R. RIGG
(a) Residence, No. 744 Walton Str., Baker Hotel, Saint St. Louis, Missouri.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1884
7. AGE: YEARS 53 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traveling Salesman
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) Colfax, Illinois.

FATHER
13. NAME Frank Rigg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known / Not known

MOTHER
15. MAIDEN NAME Grave Frankling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known / Not known

17. INFORMANT (ADDRESS) Clinical Chaplin VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LEXINGTON, Ill. DATE NOV. 18, 1938

19. FUNERAL DIRECTOR (ADDRESS) C. HOFFMEISTER 7814 S. BROADWAY ST. LOUIS MO.

20. FILED NOV 18 1938 19 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to November 17, 1938
I last saw him alive on November 17, 1938. Death is said to have occurred on the date stated above, at 5:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Unkn.

Other contributory causes of importance:

Arteriosclerosis, generalized	Unkn.
Myocarditis, (arteriosclerotic)	Unkn.

Name of operation None Date of
Phy. clinical manif. and laboratory
What test confirmed diagnosis? 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 [signature]
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

(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.

STATEMENT BY LICENSED EMBALMER

I, Linus C. Hoffmeister, Licensed Embalmer No. 3871

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

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.)