

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 1

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James W. Ribble 140

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal Ribble 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan 10 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Hettick, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Machinists

11. Industry or business Machine Factory

MOTHER FATHER

12. Name Eli Ribble

18. Birthplace Hettick Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mattie McGuire
(City, town, or county) (State or foreign country)

15. Birthplace Hettick, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stults, R. L.

(b) Address Palmyra, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-9-39
(Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 8 1939 (Date received local registry) J. F. Oredock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2

(a) State Illinois (b) County _____

(c) City or town Palmyra N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th year 39 hour 1 minute 50 a. M.

21. I hereby certify that I attended the deceased from Oct. 27 1939 to Nov. 7 1939.

that I last saw him alive on Nov. 7th and that death occurred on the date and hour stated above. 1939.

Immediate cause of death _____
Stroke

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

Major findings: Of operations Cerebrum - 11/7/39

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. M. [unclear] (M. D. or other) M. O.

Address 3720 Washington Date signed 11/8/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Gay W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.