FILED APR 15 1940

. S. No. 2
I—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9359

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2842

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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: Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2019 Division
(If rural, give location)

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

3. (a) PRINT FULL NAME Verdiley Rigginss

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 2- (Month) 11- (Day) 40 (Year)

8. AGE: Years | Months | Days 16 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph Riggins
13. Birthplace Vicksburg (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Willie Nolan
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Esther Mayo Sherard
(b) Address 2601 N Whittier

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept

19. (a) MAR 27 1940 (Date received for registration) (b) J F Hackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2- day 27th year 1940 hour 2 minute 25 a M.

21. I hereby certify that I attended the deceased from 2-11-, 1940 to 2-27-, 1940 that I last saw her alive on 2-27-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Pulmonary Abscesses
Aspiration pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Multiple Pulmonary Abscesses

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

107a

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

23. Signature G E Peace (M. D. or other)
Address 2601 N Whittier Date signed 3-25-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.