

FILED OCT 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 33211Registration District No. 784Primary Registration District No. 200Registrar's No. 1740

## 1. PLACE OF DEATH:

(a) County St. Louis County  
 (b) City or town Jefferson Barracks  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Admitted 9/5/40.  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Edward Rigsby8. (b) If veteran, name war World War 3. (c) Social Security No. Unavailable4. Sex male 5. Color or race Negro 6. (e) Single, widowed, married, divorced Widower6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years7. Birth date of deceased Unknown. 1880 ?  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
Apparently 60 yrs. hr. min.9. Birthplace Perdue Hill, Alabama.  
(City, town, or county) (State or foreign country)10. Usual occupation Janitor.11. Industry or business -12. Name Alex Rigsby13. Birthplace Alabama  
(City, town, or county) (State or foreign country)14. Maiden name Euneline Bullard15. Birthplace Unavailable- So. Carolina  
(City, town, or county) (State or foreign country)16. (a) Informant M. Schilling(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo17. (a) Burial (b) Date thereof 9/13/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation National Cemetery18. (a) Signature of funeral director Walter Sales(b) Address 4107 Finney Avenue19. (a) SEP 13 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1620 (rear) Wash Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th.  
year 1940 hour 1:10 minute \_\_\_\_\_ a.m.21. I hereby certify that I attended the deceased from  
Sept. 5, 19 40 to Sept. 9, 19 40;  
that I last saw him alive on Sept. 9, 19 40;  
and that death occurred on the date and hour stated above.Immediate cause of death  
Pneumonia, lobar, left lower lobe.Due to -  
Due to - 108Other conditions  
Rheumatic heart disease, chronic,  
(Include pregnancy within 3 months of death)with myocardial damage and myocardial  
Major findings: insufficiency.Of operations \_\_\_\_\_  
Of autopsy No autopsy

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

(a) Accident, suicide, or homicide (specify) NO

(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?  
YANWhile at work? CW Hughes  
(Specify type of place) (Specify nature of injury)23. Signature C. W. HUGHES, M.D. (M. D. or other) 1Address Chief Medical Officer Date signed 9/30/40

(Licensed Embalmer's Statement on Reverse Side)

Aug.

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

No. 2  
1-10-39  
17-39  
X21492

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.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed

*James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.