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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23385

FILED AUG 28 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5737

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 11 days (Specify whether
In this community 1 year- 3 months- 26 days
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4350 Cote Brilliante
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Ridley, Jr.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro 0

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

6. (b) Name of husband or wife ----

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

7. Birth date of deceased March 12, 1940 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	3	27	hr. min.

9. Birthplace Saint Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Walter Ridley
13. Birthplace Saint Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name America Wright
15. Birthplace Tipton (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Walter Ridley Sr
(b) Address 4350 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) JUL 11 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1941 hour 8 minute 25 a. M.

21. I hereby certify that I attended the deceased from May 29, 1941, 19 to July 9th, 1941 that I last saw him alive on July 9th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tbc. | Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Tbc. of lung, liver, spleen, brain of kidney

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

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 Lucius S. Davis (M. D. or other) M.D.
Address 1536 Papin Street Date signed 7-10-41

(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

James Arthur 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.