

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3648
State File No. _____
Registrar's No. 83

Registration District No. 787 Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp.
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

3. (a) PRINT FULL NAME Phillip Raymond Riddle
3. (b) If veteran. name war None 3. (c) Social Security No. 492-03-1820

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Riddle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 29 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 11 If less than one day
hr. _____ min.

9. Birthplace Farmington, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman in power house

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip Riddle
13. Birthplace Mt. Vernon, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Morgan
15. Birthplace Morganfield, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Riddle
(b) Address 6302 Suburban ave Wellston Mo.

17. (a) Burial (b) Date thereof 1/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bee Bee Cem.

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504 Woodrow Dr. Overland Mo.

19. (a) JAN 18 1942 (b) J. H. Mc Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6302 Suburban
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 10
year 1942 hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from
1-6-42 19____ to 1-10-42 19____;
that I last saw him alive on 1-10-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypertensive Cardiovascular disease Duration 2 yrs.

Due to _____
Due to _____

Other conditions Pulmonary arteriosclerosis
(Include pregnancy within 3 months of death)
Pulmonary Hemorrhage

Major findings: _____
Of operations _____
Of autopsy 93d

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 J. H. Mc Harris (M. D. or other) M.D.
Address St. Louis Co. Hosp. Date signed 1-13-42

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

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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, fact should be so stated above.