

S. No. 2
-1-4-41
5-17-39
X 28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19342

State File No. _____

FILED JUL 20 1942

791

1003

Registrar's No. 5274

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY HOSPITAL No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 36 Years in St Louis years, months or days)

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. 1911 A ARSENAL ST. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM L. RIGGIN

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 SINGLE

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

7. Birth date of deceased Sept. 27 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 9 hr. min.

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

10. Usual occupation Beer Bottler

11. Industry or business _____

12. Name Jackson Riffin

13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA HUSSONG

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

16. (a) Informant Ruth Schume

(b) Address 3343 A Nebraska Ave.

17. (a) Burial (b) Date thereof July 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON ILLINOIS

18. (a) Signature of funeral director Thorndike & Son

(b) Address 2906 Gravois Ave.

19. (a) JUL 7 1942 (b) J. F. Beckwith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1942 hour 6 ~~AM~~ 33 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Nontraumatic rupture of the right ventricle of the heart, due to atherosclerosis of the coronary arteries, with aortic stenosis and aortic regurgitation.
Other conditions Respiratory distress 6:50
(Include pregnancy within 3 months of death)
6:00 AM July 6 1942

Major findings: Could not be determined
Of operations _____
Of autopsy _____

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) open verdict
(b) Date of occurrence July 6 1942
(c) Where did injury occur? at home 130
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? _____ (Specify type of place)
(a) Nature of injury fall

23. Signature Alfred W. ... (M.D. or other)
Address _____ Date signed 7/7/42

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

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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.....
Thor Lutis....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Thor Lutis*.....

Licensed Embalmer No. *1619*

P. O. Address *2906 Gravel*

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.