3833
S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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. 23063 5981

Registration District No. Hlcu JUL 28 1942 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0 #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community 30 YEARS

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. 4738 DELMAR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

000 17 9

3. (a) PRINT FULL NAME Martin Ridgway
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET RIDGWAY
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased JUNE (Month) 13 (Day) 1883 (Year)

8. AGE: Years 59 Months 1 Days 0 If less than one day hr. min.

9. Birthplace MONTGOMERY CITY (City, town, or county) MO (State or foreign country)
10. Usual occupation BATTERY REPAIR
11. Industry or business
MOTHER FATHER
12. Name ROBERT F. RIDGWAY
13. Birthplace DANVILLE (City, town, or county) — MO (State or foreign country)
14. Maiden name PHOEBE-ELLEN WARE
15. Birthplace MONTGOMERY CITY (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs. E. L. Dunham
(b) Address 1051 North Hill Lane - Ferguson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 42 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM
18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge
19. (a) JUL 15 1942 (Date received local registrar) J. F. Bedecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13, year 1942 hour 6:35 minute A. M.
21. I hereby certify that I attended the deceased from July 4, 1942, to July 13, 1942; that I last saw him alive on July 13, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Thrombosis.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Coronary sclerosis
Major findings: Of operations
Of autopsy the above.

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) None
(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 Jon Peterson (M. D., or other)
Address 1515 Lafayette Avenue Date signed 7/13/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1972

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 G. W. Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.