

FILED JUN 14 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5177**

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **7 Days**
In this community..... **LIFE** (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Louise Riggs**

3. (b) If veteran, name war.....

3. (c) Social Security No. **None**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **WM H. RIGGS** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **Aug 11, 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **21** If less than one day hr. min.

9. Birthplace..... **ST. LOUIS MO.**
(City, town or county) (State or foreign country)

10. Usual occupation..... **HOUSE WORK**

11. Industry or business..... **AT HOME**

12. Name..... **CHARLES RUOFF**

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

14. Maiden name..... **CAROLINE RICKS**

15. Birthplace..... **ST. LOUIS MO.**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Annie Parker**
(b) Address **1919 Madison St**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof..... **JUNES-43**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **BELLEFONTAINE Brookland and Co**

18. (a) Signature of funeral director..... **J. F. Brueck**
(b) Address **1827 Hogan STR.**
(c) Date received local registration..... **1943**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County..... **11 26**

(c) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1919 MADISON STR.**
(If rural, give location)

(e) Citizen of foreign country?..... **No.** (Yes or No)
If yes, name country..... **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**, year **1943** hour **6:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **May 27**, 19**43** to **June 2**, 19**43** that I last saw h. or alive on **June 2**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Arteriosclerotic Heart Disease**

Due to..... **multiple abscess of skin**

Due to..... **skin abscess of a abscess not known**

Other conditions..... **9/3**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... **refused**

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?.....

While at work..... (Specify type of place) (e) Means of injury..... **Louis G. Neubruff MD**

23. Signature..... **Louis G. Neubruff MD** (Date received local registration)..... **6/3/43**
Address..... **1515 Lafayette Avenue** Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Henry M. Brammer

Licensed Embalmer No.....

4200

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.