

FILED JUN 30 1943

State File No. _____
Registrar's No. 5648

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 3 months; 2 days
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4273 West Belle Pl.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Thomas Riddle

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12, year 1943 hour 5 minute 00 P.M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from March 10, 1943 to June 12, 1943 that I last saw him in alive on June 12, 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widower

Immediate cause of death Degenerative Heart Disease Duration Unk.

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace (City, town, or county) Not obtained (State or foreign country) Ky.

10. Usual occupation _____

11. Industry or business _____

12. Name Samuel Riddle 13. Birthplace Ky.

14. Maiden name Susan Earley 15. Birthplace Ky.

16. (a) Informant Shirley M. Smith (b) Address 2601 N. Whittier

17. (a) Burial (b) Date of burial _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) JUN 21 1943 (b) _____

Due to _____
Due to _____

Other conditions _____
Major findings: Of operations
Of autopsy _____

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? _____

(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 _____

23. Signature S. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 6/15/43

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

MOTHER FATHER

Reclaimed from _____ (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 Dept. of Anatomy, W. U. School of Medicine, Registered Apprentice No. _____ working under my personal supervision.

Signed Mildred Trotter for M. P. Rhoades, Technician
Licensed Embalmer No. _____

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.