

LED JUL 24 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6431

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
935 Maryville Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 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. 935 Maryville Avenue.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Addie Amelia Rideout

3. (b) If veteran, name war none 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 Albert M. Rideout 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 18, 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 27 If less than one day hr. min.

9. Birthplace New Brunswick Canada 2 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Irvine

13. Birthplace Canada 2 (City, town, or county) (State or foreign country)

14. Maiden name Mercy Jordan

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

16. (a) Informant Mrs. W. A. Wentzel

(b) Address 935 Maryville Avenue.

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

(c) Place: burial or cremation Houlton, Maine

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) JUL 16 1943 J. F. Bralock (Date received for local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15, 1943 year 2 hour 30 minute P M.

21. I hereby certify that I attended the deceased from 2/28 - 1943 to 7/15 - 1943 and that I last saw her alive on 7/14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia

Due to Severity

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (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

23. Signature J. F. Bralock (M. D. or other)

Address 1506 Hickman Date signed 7/16/43

Duration

30 Min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

844

STATE OF ILLINOIS
DEPARTMENT OF HEALTH

STATE OF ILLINOIS
DEPARTMENT OF HEALTH

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.....

Albert H. Hopp

Licensed Embalmer No. *1805*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
935 Maryselle Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Addie Amelia Rideout

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

4. Sex female 5. Color of hair white

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

7. Birth date of deceased: June 18 - 1878
(Month) (Day) (Year)

8. AGE: 68 Years 0 Months 27 Days If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

• Address Removed (b) Date thereof 7-17-43
(Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jul 23 1943 (b) J. F. Pradeck
(Date received local registrar) (Registrar's signature)

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. 935 Maryselle
(If rural give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month July day 15
year 1943 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____ (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 _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

PERMANENT RECORD
WRITE PLAINLY—USE UNFADING BLACK INK—

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

by

aw rlg

S-23405