

FILED SEP 8 1944

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 7684

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town.....
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
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. 4045a Shaw Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Madonna Ann Ridley
3. (b) If veteran. name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 12
year 1944 hour 3 minute 30 P.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. August 6 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 26 1944 to Aug Sept 1 1944
that I last saw h... alive on Sept 1 1944
and that death occurred on the date and hour stated above.
Immediate cause of death terminal pneumonia Duration.....

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

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....
11. Industry or business.....

MOTHER FATHER { 12. Name John Furoy Ridley
13. Birthplace Vale Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Edith Mary Bauman
Blomesdale Mo.
15. Birthplace.....
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant John Furoy Ridley
(b) Address 4045a Shaw Blvd.

17. (a) Burial (b) Date thereof 9/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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?
(Specify type of place)

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849N. Euclid Ave.
19. (a) SEP 2 1944 (Date received local registrar) J. J. Budeck (Registrar's signature)

While at work?..... (e) Means of injury.....
23. Signature J. W. White (M. D. or other) 0
Address 4500 Olive Date signed 9/14/44

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

Dr. T. W. White
Lister Bldg.
Hours 7 to 8 PM

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 Eugene H. Sullivan
Licensed Embalmer No. 2930
P. O. Address St. Louis, Mo.

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.