

FILED JAN 25 1945

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **420**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(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 _____
(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. 4242 West Pine Blvd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Noel Ridge

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Elizabeth Ridge
 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased April 8 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 6 _____ hr. _____ min.

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

10. Usual occupation Mechanic

11. Industry or business _____

MOTHER FATHER

12. Name John Ridge
 13. Birthplace Massack County, Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Lessie Smith
 15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Ridge
 (b) Address 4242 West Pine Blvd.
 17. (a) Removal (b) Date thereof 1-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sikeston, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) JAN 15 1945 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th
 year 1945 hour 6:40 A. M.

21. I hereby certify that I attended the deceased from 11/19/44
 _____, 19____, to 1/14/45, 19____;
 that I last saw him alive on 1/14/45, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
 Due to Carcinoma of Prostate with widespread metastasis
 Due to _____

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

Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration _____
 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) _____
 (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? _____

23. Signature Walter Mader (M. D. or other) _____
 Address 1515 Lafayette Date signed 1/15/45

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

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.....

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.