S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26072

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7279

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

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Alexander 999

(c) City or town Tamms
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Harriet Virginia Riggs

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William E. Riggs

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April (Month) 7 (Day) ~~1874~~ 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70 ~~71~~	4	12	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Will McElvoy

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

14. Maiden name Unknown

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

16. (a) Informant A.L. Melton

(b) Address 3530 Missouri Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation Pulaski, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 19 year 1945 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 5, 1945, to August 19, 1945; that I last saw her alive on August 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction — Duration 2 weeks

Due to Arteriosclerotic Cardio-Vascular Renal Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)

Address Barnes Hospital, Date signed

(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.....

....., 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.
Local Registrar's No. 7279

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of Sept., 1945, before me appears Mrs. Mattocks (Funeral Director), who, upon her oath, states that the original record of ~~XXXX~~ death for Harriet Virginia Riggs ~~XXXX~~ died 8-19-45, 19..., in the State of Missouri, and which was filed at St. Louis, Mo. on 8-20-45 19..., should be corrected as follows:

Item No. 7 should read April 7, 1875
Instead of April 7, 1874

Item No. 8 should read 70-4-12
Instead of 71-4-12

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Josephine Mattocks
Relationship.
4760 Washington Ave
Present Address.

Subscribed and sworn to before me this 13 day of September, 1945.

My Commission expires Mar. 1-1949 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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