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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 12 1945

State File No. 29341

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8652

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community

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. ~~2601 N. Whittier~~ 4333 Cook (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosie Ridley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Williams
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct. (Month) 3 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	0	0	hr. min.

9. Birthplace Belmont (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Andrew Williams
13. Birthplace Humbolt (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Harriet Butler
15. Birthplace Belmont (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Dewitt Williams
(b) Address 3971 W. Belle Place
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Charleston, Mo.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) OCT 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1945 hour 3 minute 15 A M.
21. I hereby certify that I attended the deceased from Sept. 15, 1945, to Oct. 3, 1945 that I last saw her alive on Oct. 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Glomerulo-Nephritis — Unk
~~XXXX~~ Acute Pyelonephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

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 C. Hancock (M. D. or other)
Address 2601 N. Whittier 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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.