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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42873
Registrar's No. 11204

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: Peoples Hospital. 2221 Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week.
In this community 27. years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2937. Thomas. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Kelly. Riggins
3. (b) If veteran, name war None
3. (c) Social Security No. 702-09-6765
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie. Riggins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Febuary. 16th 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	10	6	hr. min.

9. Birthplace warbesighs. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Trucker.
11. Industry or business St. Louis Western R.R.
12. Name (FATHER) Armster Riggins
13. Birthplace Rredville. (City, town, or county) Miss. (State or foreign country)
14. Maiden name (MOTHER) Betty. Withers.
15. Birthplace Alabama. (City, town, or county) (State or foreign country)
16. (a) Informant Bessie Riggins
(b) Address 2937, Thomas Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation ST. Peters Cemetery
18. (a) Signature of funeral director John H. Houston.
(b) Address 2834 Gamble Street.
19. (a) DEC 30 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd year 1946 hour 11 minute 06 A.M.
21. I hereby certify that I attended the deceased from 12-14- 1946, to 12-22 1946 that I last saw him alive on 12-22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to Bilateral	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy not performed

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 Blair M. Carter (M. D. or other) M.D.
Address 2425 Biddle Date signed 12/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

41552

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 Leroy U. Bannister, Registered Apprentice No. 405, working under my personal supervision.

Signed James A. Ohnsorg

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

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.