No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 6861

Registrar's No. 2342

1. PLACE OF DEATH:

(a) County

(b) City or town Saint 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 7 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1821 Carr St (If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Andrew Riggins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 10 (Day) 1877 (Year)

8. AGE: Years 69 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Union Point (City, town, or county) Ga. 1 (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Andrew Riggins

13. Birthplace Unknown (City, town, or county) Ga. 1 (State or foreign country)

14. Maiden name ? Sanders

15. Birthplace Unknown (City, town, or county) Ga. 1 (State or foreign country)

16. (a) Informant Annie Morris

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park ~~Greenwood Cemetery~~

18. (a) Signature of funeral director English Und. Co.

(b) Address 2931 Lucas Ave

19. (a) MAR 7 1947 (Date received local registrar) (b) J. F. Buedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1 year 1947 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from 2-22, 19 47 to 3-1, 1947; that I last saw him alive on March 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Hypertensive Cardiovascular Disease with Decompensation — Undet.

Due to

Due to

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

Major findings:
Of operations

Of autopsy No

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 Edw B Williams (M. D. or other)

Address 2601 N Whittier Date signed 3/1/47

(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 Burleson English

Licensed Embalmer No. 4288

P. O. Address 2931 Lucas 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.