No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19284

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5212

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 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 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4708 Cuppel Pl. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Arthur B. Rider

3. (b) If veteran, name war War 1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Inez Rider

6. (c) Age of ~~husband~~ or wife if alive 55 years

7. Birth date of deceased Aug. (Month) 8-1885 (Day) ~~1884~~ (Year)

8. AGE: Years 61 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Fort Scott (City, town, or county) Kan (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Alfred Rider
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susie Adthison
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Inez Rider

(b) Address 4708 Cuppel Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-47 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Diedrich F. Homa

(b) Address 8369 Halls Ferry Rd.

19. (a) (Date received local registrar) (b) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1947 hour 1:10 minute P M.

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

	Duration
Immediate cause of death Chronic Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

Major findings:
Of operations

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 Patrick E. Taylor (M. D. or other) Dep Cor

Address 1300 Clark Ave Date signed 5/26/47

(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 Arthur R. Diedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis

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.