No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25045

Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maryland Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 129 Lansing Avenue
(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 St. Louis 96
(c) City or town Maryland Heights 0
(If outside city or town limits, write "RURAL")
(d) Street No. 129 Kansing Avenue 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ROY B. RIDDLE
3. (b) If veteran, name war None
3. (c) Social Security No. 495-16-3626
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nora Riddle
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December 19, 1885 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	7	7	..... hr. ..... min.

9. Birthplace ..... Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Contractor
11. Industry or business .....
FATHER
12. Name Phillip B. Riddle
13. Birthplace ..... Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nellie Morgan
15. Birthplace Boxville Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. A. Baldwin
(b) Address Maryland Heights, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) 7-27-48 (Date received local registrar) (b) Cecil A. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, 1948
year ..... hour 7:35 minute A M.
21. I hereby certify that I attended the deceased from Jan. 1, 1948, to July 26, 1948
that I last saw h. 1 M. alive on July 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	1 day
Due to	
830	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 O
23. Signature Orville Avant (M. D. or other) NWD
Address 1194 Hodiamont Date signed 7-26-48

Jefferson City Printing Co.

(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 Elmer R. Caldwell

Licensed Embalmer No. 4077

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.