

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25218

Registrar's No. 6503

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 25218	
REGISTRAR'S NO. 6503		BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <i>St. Louis</i>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		a. STATE <i>Illinois</i>		b. COUNTY <i>St. Clair</i>	
c. LENGTH OF STAY (in this place) <i>1 day</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>East St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>NR-1003 N. 89 St.</i>		d. STREET ADDRESS (If rural, give location) <i>2</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific</i>				d. STREET ADDRESS (If rural, give location) <i>NR-1003 N. 89 St.</i>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <i>WILLIAM</i>		b. (Middle) <i>RIDDLE</i>		c. (Last) <i>RIDDLE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 26 1949</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>Never married</i>		8. DATE OF BIRTH <i>Oct 4 1937</i>	
9. AGE (In years last birthday) <i>11-9-22</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		11. BIRTHPLACE (State or foreign country) <i>Alton, Illinois</i>		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Alton, Illinois</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Roy Riddle</i>		13b. MOTHER'S MAIDEN NAME <i>Hearl Lindsey</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Roy Riddle East St. Louis, Ill.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>ACUTE DIFFUSE PERITONITIS</i>		II. OTHER SIGNIFICANT CONDITIONS				3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
DUE TO (b) <i>GANGRENOUS APPENDICITIS</i>		DUE TO (c)					
DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>7/25/49</i>		19b. MAJOR FINDINGS OF OPERATION <i>PERITONITIS, RUPTURED APPENDIX</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>121</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5500</i>			
22. I hereby certify that I attended the deceased from <i>7/25</i> , 1949, to <i>7/26</i> , 1949, that I last saw the deceased alive on <i>7/25</i> , 1949, and that death occurred at <i>2:39</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>John T. Vantore, M.D.</i>				23b. ADDRESS <i>1755 So Grand</i>		23c. DATE SIGNED <i>7/26/49</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-28-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wood Lawn</i>		24d. LOCATION (City, town, or county) (State) <i>Edwardsville Ill</i>	
DATE REC'D BY LOCAL REG. <i>JUL 27 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Luster</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Neil Walsh Barnes East St. Louis, Ill.</i>			

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Philip Ogden*

Licensed Embalmer No. *7091*

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.