

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42898

State File No. ....

10582

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>10582</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis City</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>2304 Newhouse</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Missouri</b>		c. LENGTH OF STAY (in this place) (township) <b>24 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Missouri</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Faith Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>20- 2304 Newhouse Av</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mary</b>		b. (Middle) <b>Francis</b>		c. (Last) <b>Riddle</b>			
4. DATE OF DEATH		(Month) <b>Dec</b>		(Day) <b>7</b>		(Year) <b>1949</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 10 1868</b>			
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Louisville Kentucky</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>				13a. FATHER'S NAME <b>John Riddle</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Nash</b>			
14. NAME OF HUSBAND OR WIFE <b>James Riddle (Deceased)</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <b>Viola Hrdina</b>				ADDRESS <b>2304 Newhouse Av</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>				ANTECEDENT CAUSES					
DUE TO (b) <b>Cancer of Gall Bladder</b>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) <b>Artero-Sclerosis</b>				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		<b>Abt</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>155X</b>					
22. I hereby certify that I attended the deceased from <b>11-20, 1946 to 12-6, 1949</b> , that I last saw the deceased alive on <b>12/6, 1949</b> , and that death occurred at <b>11:7 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>John S. Varrault M.D.</b> (Degree or title)				23b. ADDRESS <b>St. Louis, Mo. 1126 St. Louis Avenue,</b>		23c. DATE SIGNED <b>12/7/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/10/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Primrose Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Primrose Missouri</b>			
DATE REC'D BY LOCAL REG. <b>DEC 9 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Myrdell Funeral Home</b> ADDRESS <b>1926 Allen Av</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

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.