

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6657

State File No.

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1681 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Constate to City Hospital</i> | | | | d. STREET ADDRESS (If rural, give location) 20 2304 Newhouse | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Roy | | b. (Middle) | | c. (Last) Riddle | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1950 | |
| 5. SEX Male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single // | | 8. DATE OF BIRTH July 12, 1911 | |
| 9. AGE (In years last birthday) 38 | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) Valley Mines Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME James Riddle | | 13b. MOTHER'S MAIDEN NAME Mary Riddle | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME <i>Maria E. Gardina</i> | | ADDRESS 2304 Newhouse St. Louis | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Interstitial | | | | | |
| | | DUE TO (c) Nephritis and Spastic - | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis | | | | 5yrs. | |
| 19a. DATE OF OPERATION no | | 19b. MAJOR FINDINGS OF OPERATION None | | | | 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) 592X | | | |
| 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 | | | |
| 22. I hereby certify that I attended the deceased from Nov. 29, 1949 , to Feb. 19, 1950 , that I last saw the deceased alive on Feb. 17, 1950 , and that death occurred at 9-10 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) <i>W. H. Malters M.D.</i> | | | | 23b. ADDRESS 3608 So Grand Ave | | 23c. DATE SIGNED 2/20/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial // | | 24b. DATE Feb. 21, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Primrose | | 24d. LOCATION (City, town, or county) (State) Bonne Terre Missouri | |
| DATE REC'D BY LOCAL REG. FEB 21 1950 | | REGISTRAR'S SIGNATURE <i>L. B. Sasser</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas J. Kelly</i> | | ADDRESS <i>Madison</i> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

J. Allen Davis Jr

Licensed Embalmer No.

4053

P. O. Address

St Louis 10 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.