

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11095

State File No. ....

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 435

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Overland</u>  | c. LENGTH OF STAY (In this place) <u>4-mon.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u> <u>419 X</u>  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Iva Dennison Home, 9425 Midland</u> |   | d. STREET ADDRESS (If rural, give location) <u>2807 Carson Road</u> <u>0</u>   |  |

|   |            |             |                         |  |
|---|------------|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>George</u> | a. (First) | b. (Middle) | c. (Last) <u>Ridley</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1952</u> |
|---|------------|-------------|-------------------------|--|

|                  |                            |  |                                      |   |  |   |
|------------------|----------------------------|--|--------------------------------------|---|--|---|
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u> | 8. DATE OF BIRTH <u>Feb. 4, 1872</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u> | IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u> |
|------------------|----------------------------|--|--------------------------------------|---|--|---|

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|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Chauffeur</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>New Jersey</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Charles Ridley</u> | 13b. MOTHER'S MAIDEN NAME <u>Delia McManus</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Dina Ridley</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>494-01-5098</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dina Ridley, 2807 Carson Road</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 1/2 mo</u><br><br><u>5 yrs</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardiac</u><br>DUE TO (c) <u>Vascular Renal Disease</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 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) <u>2807 Carson Rd</u> <u>St. Louis</u> <u>Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Dec 1950 to 17 Feb 1952 that I last saw the deceased alive on 17 Feb 1952, and that death occurred at 4:50 Pm., from the causes and on the date stated above.

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|---|---|-----------------------------------|
| 23a. SIGNATURE <u>Suzanne W. Hall</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>25 So 7th Street Rd</u> | 23c. DATE SIGNED <u>18 Feb 52</u> |
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|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 20, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-18-52</u> | REGISTRAR'S SIGNATURE <u>Harold R. Dambie M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Housley</u> <u>3840 Lindell Blvd.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

400 X

1-3

**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 [Signature]

Licensed Embalmer No. 4699

P. O. Address [Signature]

Note: The above <sup>1</sup>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.