

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED SEP 9 - 1952  
XC 2 294 189

BIRTH NO. Reg. # 101 605 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2297

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLLINSVILLE, I</b>	
c. LENGTH OF STAY (If this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>115 SOUTH CHESTNUT STREET</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>ALBERT</b> c. (Last) <b>RIGGIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9-3-52</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED /</b>	
8. DATE OF BIRTH <b>4-23-77</b>			9. AGE (In years last birthday) <b>75</b>		# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY STORE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>TROY, ILLINOIS /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JOHN RIGGIN</b>		13b. MOTHER'S MAIDEN NAME <b>CLEMENTINE WELLO</b>		14. NAME OF HUSBAND OR WIFE <b>PHOSA RIGGIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>352-20-3795</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BKS. MO.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>  ANTECEDENT CAUSES <b>ARTERIOCLEROTIC HEART DISEASE WITH MYOCARDIAL INFARCTION</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4200</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>PULMONARY INFARCTS &amp; HEMORRHAGIC ULCER- ATION OF LARGE INTESTINE &amp; UREMIA</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		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 **8-30**, 19**52**, to **9-3**, 19**52**, and that death occurred at **11:50 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Kaminski</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS. MO.</b>		23c. DATE SIGNED <b>9-3-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-4-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GLENWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>COLLINSVILLE, ILLINOIS</b>	
DATE REC'D BY LOCAL REG. <b>9-3-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dornke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HERR FUNERAL HOME Collinsville, Ill.</b>			

**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 *Ernie Henry*

Licensed Embalmer No. 3077

P. O. Address Callinsville, Ill.

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.