

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Philips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2600 No Whittier</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Waldemar</u> b. (Middle) <u>Ridley</u> c. (Last) <u>Ridley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12 - 53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 10 - 1916</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Ridley</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Jones</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Flem Ridley</u>	ADDRESS <u>6717 so Broadway</u>
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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)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Acute Pulmonary</u> DUE TO (c) <u>Oedema, Status</u>		
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthmaticus</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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? <u>241x</u>

22. I hereby certify that I attended the deceased from 1918, to 1953, that I last saw the deceased living on, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. ...</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>1/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>JAN 16 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Hughes</u>	ADDRESS <u>2620 Lawton</u>
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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 Lyda Hughes

Licensed Embalmer No. 2998

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.