No. 300
10.48

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

FILED MAR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7753

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1958

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri,
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2119
d. STREET ADDRESS (If rural, give location) 3607 Page Ave., 0

3. NAME OF DECEASED (Type or Print)
a. (First) Stella
b. (Middle) C.
c. (Last) McDevitt

4. DATE OF DEATH (Month) (Day) (Year) February 17, 1953

5. SEX Female,

6. COLOR OR RACE White,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH November 22, 1895

9. AGE (In years last birthday) 57
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Santa Fe, New Mexico

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick A. Riddell

13b. MOTHER'S MAIDEN NAME Sarah Ford,

14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Fred Riddell, **ADDRESS** 16 West 39, Kansas City, Mo.

MEDICAL CERTIFICATION

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, asthenia, 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
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Congestion
DUE TO (c) Oedema of Brain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 334X

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 1:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 2.19.53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,

24b. DATE 2/20/53

24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,

24d. LOCATION (City, town, or county) St. Louis, (State) Mo.

DATE REC'D BY LOCAL REG. FEB 19 1953

REGISTRAR'S SIGNATURE J. Carl Smith M.D. mlc

25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St., St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Foron E. Percy

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.