

## STANDARD CERTIFICATE OF DEATH

State File No. 41044

V. S. No. 300

Rev. 10-48

FILED NOV 19 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10358

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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		e. STREET ADDRESS (If rural, give location) 1218 Morrison Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) LEONA		c. (Last) RIDDLE		
4. DATE OF DEATH		October, 30, 1953				
5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Single	8. DATE OF BIRTH / 7-28-31	9. AGE (in years last birthday) / 22	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) / Clerk		10b. KIND OF BUSINESS OR INDUSTRY / Grocery		11. BIRTHPLACE (City and State or Foreign Country) / Portageville, Mo. 0		
12. CITIZEN OF WHAT COUNTRY?						
13a. FATHER'S NAME / George Riddle		13b. MOTHER'S MAIDEN NAME / Elsie Sparks		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) /		16. SOCIAL SECURITY NO. / 431-56-6972		17. INFORMANT'S SIGNATURE OR NAME ADDRESS / Elsie Riddle 1218 Morrison Ave		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) / Rheumatic Heart Disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		
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? / 4013		
22. I hereby certify that I attended the deceased from Sept 20, 1953, to Oct 30, 1953, that I last saw the deceased alive on Oct 30, 1953, and that death occurred at 10:50 a.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) / Rafael Sanchez Cabron M.D.		23b. ADDRESS / The Jewish Hospital St. Louis, Mo 10315		23c. DATE SIGNED		
24a. BURIAL (CREMATION, REMOVAL) (Specify) / Burial		24b. DATE / Nov. 2, 1953		24c. NAME OF CEMETERY OR CREMATORY / Blyville, Ark.		
24d. LOCATION (City, town, or county) (State) / Blyville, Ark.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / CHULICK UND. CO. 1722 S. Jefferson				
DATE REC'D BY LOCAL REG. / NOV 2 1953		REGISTRAR'S SIGNATURE / [Signature]				

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.....  
Signature of Student Embalmer

Signed *Albert Mayfield*.....  
Licensed Embalmer No. *3077*.....  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.