

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41732**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2879

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Meramec)		c. CITY (If outside corporate limits, write RURAL and give township: OR TOWN Rural-Meramec 4770)	
c. LENGTH OF STAY (in this place) 23 yrs.		d. STREET ADDRESS (If rural, give location) Strecker Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Strecker Rd.		d. STREET ADDRESS (If rural, give location) Strecker Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Ridley			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH June 27, 1886			9. AGE (In years last birthday) 67 (If under 1 year: Months 4 Days 8) (If under 12 hrs. Hours — Min. —)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Hickman, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph H. Ridley		13b. MOTHER'S MAIDEN NAME Mary Gammon		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-01-8933		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Rdiley Rt 1, Glencoe, Mo.	

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) CHRONIC NEPHRITIS					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —		21f. HOW DID INJURY OCCUR? 4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased from OCT. 26, 1953, to Nov. 5, 1953, that I last saw the deceased alive on Nov. 5, 1953, and that death occurred at 7:15P m., from the causes and on the date stated above.

23a. SIGNATURE B. R. Loving, M.D. (Degree or title)		23b. ADDRESS BALLWIN, Mo.		23c. DATE SIGNED 11-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/7/53		24c. NAME OF CEMETERY OR CREMATORY Hickman Cemetery	
		24d. LOCATION (City, town, or county) (State) Hickman, Kentucky			

DATE REC'D BY LOCAL REG. 11/7/53		REGISTRAR'S SIGNATURE W. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Harry F. Schrader*

Licensed Embalmer No. *2091*

P. O. Address *Ballwin 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.