

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10607

State File No.

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 698

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Wellston</u> <u>430</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 days</u>		e. STREET ADDRESS (If rural, give location) <u>6412 Wellman Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Altonis Co Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Mark Riggs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-54</u>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>6-26-71</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elect. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineering</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nuevo Madrid, C. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Harlan Riggs</u>		13b. MOTHER'S MARDEN NAME <u>Mary Ackmann</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Riggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>89-18-4729</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Kite</u>	
				ADDRESS <u>6412 Wellman</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneum Congestion of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic + Arteriosclerotic Heart Disease</u>			
		DUE TO (c) <u>Carcinoma of Prostate</u>			
		II. OTHER SIGNIFICANT CONDITIONS <u>Right Hydnometer, Hydnomphrosis + Renal Atrophy</u>			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 H</u>		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) (m.)		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 3-13, 1954, to 3-17, 1954, that I last saw the deceased alive on 3-17, 1954, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stephen Toms, M.D.</u>		23b. ADDRESS <u>6011/2 Brentwood Blvd</u>		23c. DATE SIGNED <u>Mar. 15, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laural Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3/19/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Sombke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rehmann</u>	
				ADDRESS <u>Paral, 1905 Union</u>	

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 R. Thompson Jr*.....

Licensed Embalmer No. *423*.....

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.