

FILED JUN 30 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20651**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1332**

1. PLACE OF DEATH a. COUNTY St. Louis County		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 township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1100 Bellevue Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Sister b. (Middle) Mary Emilia c. (Last) Ridder			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1955		
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Jan. 25, 1883		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR: Months 5 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NUN		10b. KIND OF BUSINESS OR INDUSTRY Religion		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Gerhard Ridder		13b. MOTHER'S MAIDEN NAME Gertrud Epping		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME Sister M. Francine, S.S.M.	
				ADDRESS 1100 Bellevue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		b. Coronary thrombosis			
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) Auricular fibrillation			
		DUE TO (c) Cardiovascular disease and			
ii. OTHER SIGNIFICANT CONDITIONS		Arteriosclerosis			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	

22. I hereby certify that I attended the deceased from **Jan. 1st, 1951**, to **6-9-**, 19**55** that I last saw the deceased alive on **June 9th, 1955**, and that death occurred at **1:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J.P. Wade		23b. ADDRESS Missouri Theatre Building		23c. DATE SIGNED 6-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11-55		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	
24d. LOCATION (City, town, or county) (State) St. Louis City, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Boyer			
DATE REC'D BY LOCAL REG. 6/10/55		REGISTRAR'S SIGNATURE Herbert R. Donker		ADDRESS 6536 Clayton Rd	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John D. Pennehy

Licensed Embalmer No. *4194*

P. O. Address *St. Louis Mo*

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

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