Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007575
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1658

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hosp. #1 — Length of stay in 1b D.O.A.	d. STREET ADDRESS (If outside, give location) 19th & Olive St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: ROY	Middle:	Last: RIGG	4. DATE OF DEATH Month: Feb. Day: 5 Year: 59
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH: Sept. 9, 1885	9. AGE (In years last birthday): 73 — 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): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: General	11. BIRTHPLACE (City and state or country): Wabash County, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Robert Wesley Rigg	13b. MOTHER'S MAIDEN NAME: Alice Norsworthy	14. NAME OF HUSBAND OR WIFE: Divorced		
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: Ernest Rigg	Address: R.R. #2, Mt. Carmel, Ill.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Sclerosis

DUE TO (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 1230 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-18-59	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery,	23d. LOCATION (City, town, or county) (State) Bellmont, Illinois
24. FUNERAL DIRECTOR John J Kassly	ADDRESS 1101 N. 9th St., East St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. FEB 16 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Not Embalmed

Student .....
Signature of Student Embalmer

Signed Joseph J. Kasaly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis, Ill.

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.