Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-020023
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1514

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Des Peres — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 11,700 Clay Chester — Length of stay in 1b MONS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Michigan b. COUNTY Wayne
c. CITY OR TOWN Grosse Pointe — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 2081 Norwood Dr. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First THOMAS Middle ALBERT Last RIDLER

4. DATE OF DEATH Month June Day 1 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Sept 10, 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) Retired Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY General Electric
11. BIRTHPLACE (City and state or country) Canada
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Ridler
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Clara Ridler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 362-03-6918
17. INFORMANT Kathleen W. Simpsen-11,700 Clay Cheste Address Des Peres, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 1 yr (approx)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 28 Oct 58, to 1 June 59 and last saw her/him alive on 15 May 59
Death occurred at 2 PM. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph G. Ernst (Degree or title) M.D.
22b. ADDRESS 11774 Manchester Kirkwood 22
22c. DATE SIGNED 2 June 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June 2, 1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivette Cem.
23d. LOCATION (City, town, or county) (State) Grosse Pointe, Mich.

24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood
ADDRESS 22, Mo.
25. DATE RECD. BY LOCAL REG. 6-2-59
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.