

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED 318 Primary Registration District No. 1003 Registrar's No. 3276-61-011443 STATE FILE NUMBER

Registration District No. **318**
FILED APR 14 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis | | Length of stay in 1b Life | c. CITY OR TOWN Saint Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4158a West Belle | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 4158a West Belle |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First DORA Middle Last RIDLEY | | | 4. DATE OF DEATH Month April Day 5 Year 1961 | | |
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|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|----------------|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-5-1891 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY -- | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Benjamin J. Riley | 13b. MOTHER'S MAIDEN NAME Dora | 14. NAME OF HUSBAND OR WIFE Walter B. Ridley |
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| 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 Margaret Napper, 4214 E. Evans |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH 2 Wks |
| DUE TO (b) | | |
| DUE TO (c) 420.0 | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---------------------------------------|------------------|
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from **2-18-61** to **4-5-61** and last saw her alive on **4-5-61**
 Death occurred at **12:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Aloa Moore M.D.</i> | (Degree or title) | 22b. ADDRESS 2819 N. Tyler | 22c. DATE SIGNED 4-7-61 |
|--|-------------------|--------------------------------------|-----------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 4/8/61 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| 24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney | 25. DATE RECD. BY LOCAL REG. APR 7 1961 | 26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i> |
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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

Walter Swann

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.