

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032838

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8420**

FILED SEP 10 1962

VS 300
Rev. 4/59

1

2 **226**

4 **3**

5 **2**

6

7 **1**

8 **2**

10

11 **1275-3**

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

9/17/62

12/24/83 & 78

12/24/90 & 71

Washington University Clinic Record

1. PLACE OF DEATH
a. COUNTY **St Louis MO**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **City Hospital no 1** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY
c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1545 N. 16th St** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Ada Riggins** 4. DATE OF DEATH Month Day Year **Aug 27 1962**

5. SEX **Female** 6. COLOR OR RACE **negro** Married Never Married Widowed Divorced 8. DATE OF BIRTH AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR **Nov 24 1898 78 71** Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MC** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Miss** 12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Williams** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Riggins** Address **John Williams 1545 N. 16 ST**

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 Embolism**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized Arterio Sclerosis**
DUE TO (c) **420-1**

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. Yes No Unknown

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 **8:20 P.** to **8:20 P.** and last saw her alive on **8-29-62** Death occurred at **8:20 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Heleen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **8-29-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Sept 9, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Farther Dickson** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR ADDRESS **F.A. GREEN 4214 Delmar** 25. DATE RECD. BY LOCAL REG. **AUG 29 1962** 26. REGISTRAR'S SIGNATURE **Carl Smith M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

75

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.

STATEMENT BY LICENSED EMBALMER