MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19123

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1005

City St. Louis, Mo. (No. 4945 Geraldine Avenue St. ..... Ward)

File No.....

Registered No. 5544

2. FULL NAME Adline Riley

(a) Residence. No. 4945 Geraldine Avenue St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Riley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20th, 1873

7. AGE: Years 55 | Months 4 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Belleville, (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER: Thomas Hargraves

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER: Sarah Edlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) England

14. INFORMANT William Riley
(Address) 4945 Geraldine Ave

15. FILED MAY 22 1928, 19..... Ann C. Vanderwerth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1927, to May 20, 1928, that I last saw he alive on May 20, 1928, and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension - Chronic Nephritis 131 x 20 / 129 Ad 165
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory + Exam

(Signed) Melvin Hardemann, M. D

5/20, 1928 (Address) 618 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St. Marcus

DATE OF BURIAL: May 23, 1928

20. UNDERTAKER: Wacker-Heldale

ADDRESS: 3331 S. Bridway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD