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

Do not use this space.
21430

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6307

City St Louis (No. Lutheran Hospital St. ..... Ward)

**2. FULL NAME** Mary Riley

(a) Residence. No. 3001 Geyer Ave St. 17 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF John E. Riley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5th 1871

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 10 | 22 | |

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Patrick Kilkenny
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Nora Morley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT John E. Riley
(Address) 3001 Geyer Ave

15. FILED 29 1930 [signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/27 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to June 27, 1930 that I last saw her alive on June 27, 1930, and that death occurred, on the date stated above, at 4.50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chron Myocarditis Ch. Peranchymitis Nephritis Hydronephrosis and floating kidney (only 1 kid left)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? sympt. Lab.

(Signed) Edward Bonnet, M. D.

6-28, 1930 (Address) 1504 So Grand

*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 | DATE OF BURIAL |
|---|---|
| Calvary | 6-30 1930 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Arthur J Donnelly | 2039 Wash St |

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.

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