

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

Do not use this space.

10048

1. PLACE OF DEATH

46 County St. Louis Registration District No. 1170
 7 Township 1 Primary Registration District No. 6248 H File No. 5
 7 City Richmond Heights (No. 7322, Hoover ave) Registered No. 37
 St. _____ Ward _____

2. FULL NAME Margaret L. Riley

(a) Residence, No. 7322 Hoover Ave. St. _____ 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 Charles T. Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt. 43 — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235'

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Michael Powers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 180

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT Charles Riley
 (ADDRESS) 7322 Hoover

18. BURIAL, CREMATION, OR REMOVAL PLACE West St. Paul DATE Mich 19 1932

19. UNDERTAKER Arthur J. Donnelly and Co
 (ADDRESS) 2039 Wash St

20. FILED 3/17 1932 Le Lo Jensen
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1932 to Mar 16, 1932

I last saw her alive on Mar 15, 1932 Death is said to have occurred on the date stated above, at 10:15 AM.

The principal cause of death and related causes of importance were as follows:

myocardial degeneration
131
 Other contributory causes of importance:
interstitial nephritis 1931
hypertension 1931

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) L. W. Scherman, M. D.

(Address) DR. L. W. SCHERMAN,

2919 S. KINGSHIGHWAY BLVD.,

ST. LOUIS, MO.

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

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.

APR 29 1932

2919 2 R. myshugi 1000g
2-3 P.M.