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

Do not use this space.

37140

File No. .....
Registered No. 9751

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. City Hospital ..... St. ..... Ward)

#9310

2. FULL NAME David J. Riley

(a) Residence, No. 1133 Lacleede Ave. St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life 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)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	2	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 251

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Michael Riley

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

MOTHER

15. MAIDEN NAME Ellen Lyons

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

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 4th 1932

19. UNDERTAKER Arthur J. McConnell and Co. (ADDRESS) 2039 Washington

20. FILED NOV -3 1932 19 Mae Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1932, to Nov. 2nd, 1932
I last saw him alive on Nov. 2nd, 1932 Death is said to have occurred on the date stated above, at 8:03 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	9-1932 +
82H	

Other contributory causes of importance: (1)

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? .....
If so, specify .....

(Signed) Arthur A. Hines, M. D.
(Address) City Hospital

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

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