

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.

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

Do not use this space.

OCT 11 1934

791
1003

34255

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No. *9661*)

City *St. Louis*

File No.....

Registered No.....

9046

St. Ward)

2. FULL NAME

(a) Residence, No. *7310* St. *Delaney* 1. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *30* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/18* 19*34*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Walter J. Riley*

22. I HEREBY CERTIFY, That I attended deceased from *9/18* 19*34*, to *9/18* 19*34*. I last saw her alive on *9/18* 19*34*. Death is said to have occurred on the date stated above, at *6:26* p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 10-1887*

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

7. AGE YEARS *46* MONTHS *11* DAYS *26* If LESS than 1 day, hrs. or min.

Date of onset

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

9/18
Cardiac Infarction

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

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

Other contributory causes of importance:
fat sclerosis

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

13. NAME *James F. Garden*

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

15. MAIDEN NAME *Martha*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Wm J. Kelly* (ADDRESS) *City, St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Hope Cem.* DATE *Sept 11* 19*34*

19. UNDERTAKER (ADDRESS) *C. Hoffmeister & Co. 7814 So Broadway*

20. FILED *11 1934* *J. W. Redek* Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Y*

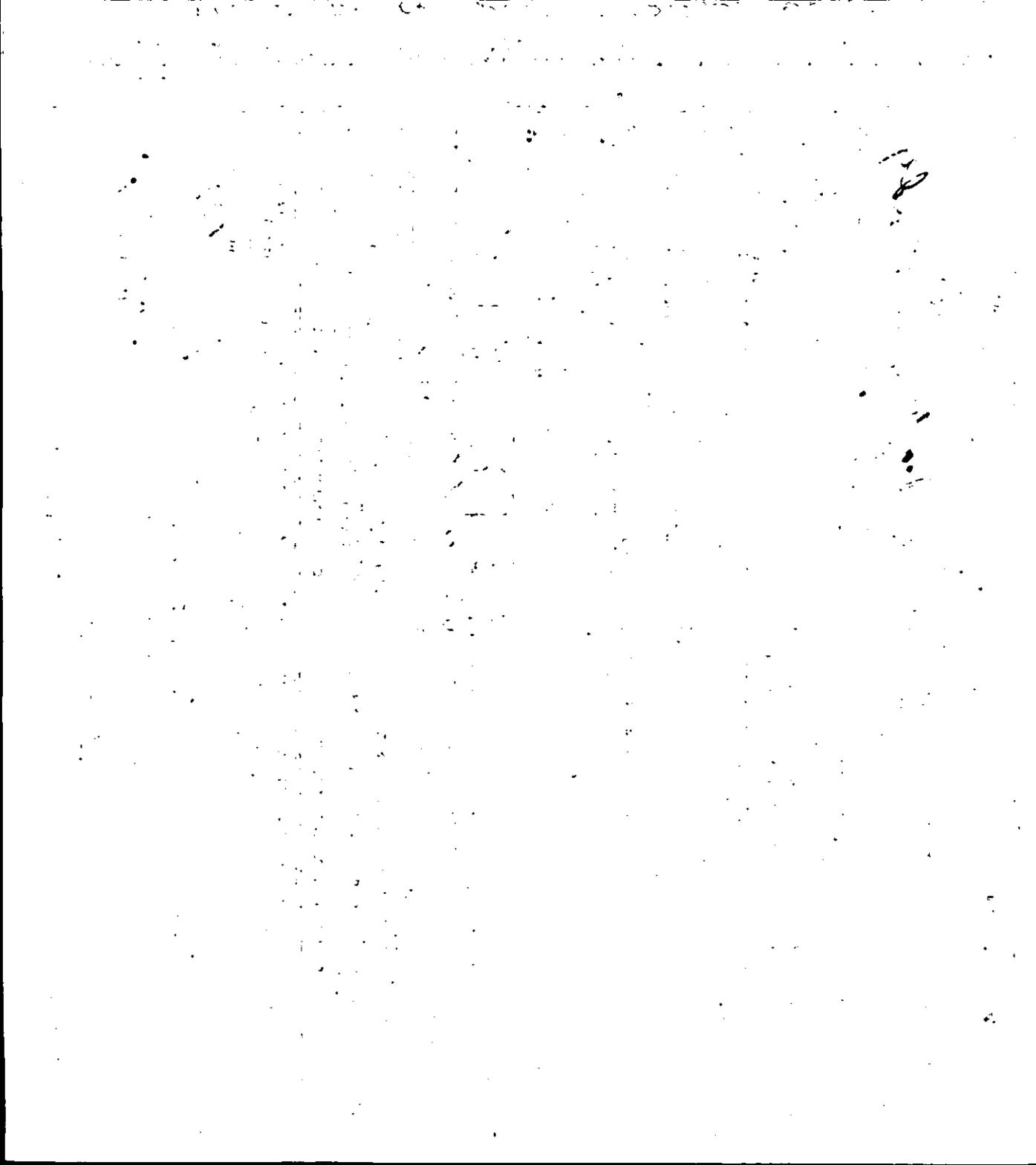
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

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) *Wm J. Kelly*, M. D.
(Address) *City Hospital #17*



St Louis

WASHINGTON

9046

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Martha Reley
Who died at City Hoop on Sept 8 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 46 Months 11 Days 26

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Cardiac Infractor Month _____ Year _____
Birthplace (State or country) Cardiac Thrombosis
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Cardiac Thrombosis

Other contributory causes of importance arterio sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician P. Emmet Reley
Address of physician City Hoop #1

Signature of Registrar J. F. Bredbeck Date filed Nov 2-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McGaugh
State Registrar

Reg. Dist. No. _____
Primary Reg. Dist. No. _____

Special Agent.