

AUG 31 1935

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

Do not use this space.

26497
3246

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township St. Louis Precinct Registration District No. _____
City St. Louis (No. Wheatley Heights)

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1852 Kepton Blvd. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE cul 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
43 4 1

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

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

10. Date deceased last worked at this occupation (month and year) Nov 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Road La

13. NAME Wilson Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Road La

15. MAIDEN NAME Rose Palite

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Road La

17. INFORMANT Jack Riley (ADDRESS) Remains pro

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cemetery DATE 8-16 1935

19. UNDERTAKER Larson - Group & Young (ADDRESS) 119 E 15 St

20. FILED Aug 17 1935 M. M. Crane, Dist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/13 1935

22. I HEREBY CERTIFY that I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

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

acute mastoiditis Date of onset _____
lateral sinus thrombosis
acute suppurative meningitis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

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

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) _____, M. D.

(Address) _____

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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