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 11 1936

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

Do not use this space. 12444

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. ....., Sanitarium St. ..... Ward)

File No. ..... Registered No. 2456

2. FULL NAME Adelaide Riley

(a) Residence, No. 5463 Delmar St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 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 John S. Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28. 1882

7. AGE: YEARS 53 | MONTHS 4 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) About 1923
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

17. INFORMANT (ADDRESS) William T Geitler M.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Mch 5 - 1936

19. UNDERTAKER (ADDRESS) Peltz Bros 3029 Lafayette Ave

20. FILED MAR 4 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 22/34, 19....., to Mar 4/36, 19.....
I last saw her alive on Mar 3/36, 19..... Death is said to have occurred on the date stated above, at 5:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac. Lobar Pneumonia of upper left lobe	2/29/36

Other contributory causes of importance: 108

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

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) William T Geitler, M. D.
(Address) 5400 Arsenal St