

1090
AUG 18 1936

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

Do not use this space.
25012

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis Mo.** (No. **1905 - Wash**)
en route, City Hosp. #2,

File No. **6681**
Registered No.
St. Ward)

2. FULL NAME

John Riley
(a) Residence, No. **1905 - Wash** St. **21** Ward. (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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frances Riley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 19/1900**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **common**
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) **Miss.**

FATHER 13. NAME **Calip Riley**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

MOTHER 15. MAIDEN NAME **Callie ?**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT **Calip Riley** (ADDRESS) **2027 Wash**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **7/3**

19. UNDERTAKER **Carner** (ADDRESS) **2827 Washington**

20. FILED **JUL 2 1936** **J. H. Bredebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26** 19 **36**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at **4:10 P.**

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

**Acute Dilatation of Heartl
Chronic Myocarditis; Chronic
Interstitial Nephritis;
Atrophic Gastritis.**

Date of onset
1/21

Other contributory causes of importance:

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?.....

If so, specify..... (Signed) **J. H. Bredebeck**, M. D.

(Address) **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.

