

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

Do not use this space.

**MAR 5-1937**

**1. PLACE OF DEATH**

County..... Registration District No. **1791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis.** No. **City Hospital #1.** File No. **8883**  
 Registered No. **2376** Ward)

**2. FULL NAME Thomas Riley**

(a) Residence, No. **2335 Howard St.** St. **20** Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 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 **Henrietta Riley**)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12th, 1886**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**50 11 23**

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

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

13. NAME **Thomas Riley**

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

15. MAIDEN NAME **Mary Nixon**

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

17. INFORMANT **Henrietta Riley** (ADDRESS) **1608A rear So. 13th. St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **March 1-37**

19. UNDERTAKER **Central Und Co** (ADDRESS) **1841 Cass Ave.**

20. FILED **19** **J. P. Bredeck** Registrar.

**FEB 27 1937**

**MEDICAL CERTIFICATE OF DEATH**  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 25-37.**  
 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 **6:20 P. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Endocarditis**  
 Other contributory causes of importance: **920**  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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? **No**  
 If so, specify.....  
 (Signed) **Joseph M. Quinn, M.D.**  
 (Address) **Deputy Coroner**

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.

Coroners Case.