

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis(No. City Hospital #1)

File No. 10178

Registered No. 2742

St. Ward)

2. FULL NAME William Riley(a) Residence, No. 4059 Humphrey St. 16 Ward.

(Usual place of abode)

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Divorced.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17-1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

48

-

21

OCCUPATION

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)
(STATE OR COUNTRY)St. Louis
Mo.

MOTHER FATHER

13. NAME Thomas Riley14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)England.15. MAIDEN NAME Mary Nixon16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)England.17. INFORMANT Jeremiah Riley
(ADDRESS) 4059 Humphrey

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery March 11-3719. UNDERTAKER
(ADDRESS)Central Burial Co.
1841 Cass Ave.

20. FILED

MAR 10 1937

J. J. Budeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/37 1937

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 3:50 P.M.

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

Cerebral Hemorrhage
(Pontine)

Date of onset

Other contributory causes of importance:

Cerebral Hypertrophy

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? Yes

If so, specify.....

(Signed) Alfred W. Perry M.D.(Address) County Coroner

