

MAY 7 1937

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

Do not use this space.

14600

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **Mo. Pacific Hospital**)

File No.

Registered No. **4096**

St.

Ward)

2. FULL NAME

Mrs. MARY Riley (Mary Riley)(a) Residence, No. **6039 Carlsbad Ave.** St. **L** 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

Female

4. COLOR OR RACE

White

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

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Charles Riley**

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

Oct. 11th, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.**78****6****6**8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**At Home**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)**London
England**

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**17. INFORMANT **Beatrice Lohmueller**
(ADDRESS) **6039 Carlsbad**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Sunset E. Park** DATE **4/20/37** 1919. UNDERTAKER **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**20. **APR 19 1937** 19**J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

APR 17 193722. I HEREBY CERTIFY, That I attended deceased from
APR 12 1937 to **APR 17 1937**I last saw h.c.r. alive on **APR 17 1937** Death is said
to have occurred on the date stated above, at **5.10 P.M.**

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

Cerebral AccidentDate of onset
4-11-37

Other contributory causes of importance:

Chronic Myocarditis

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) **W. B. Castle, M.D.**, M. D.(Address) **520 Pine St.**

STATE OF MISSOURI, COUNTY OF ST. LOUIS, SO WHAT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD STATE

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