

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13110
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **3714**
 (c) City **St. Louis** (d) Street No. **Homer G Phillips Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **7** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Willie Riley 400

(a) Residence, No. **2233a Adams** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 19 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Evangeline Riley**

22. I HEREBY CERTIFY, That I attended deceased from **April 12 1938** to **April 19 1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 3, 1910**

I last saw him alive on **April 19 1938** Death is said to have occurred on the date stated above, at **6:10p.m.**
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 11 16

Lobar pneumonia Date of report
4/12/38

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

Other contributory causes of importance
108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

FATHER 13. NAME **Jim Riley**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

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.

MOTHER 15. MAIDEN NAME **Rosie Eaves**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

Manner of injury.....
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Valley View** DATE **Apr 25 1938**

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify..... (Signed) **Carl Lewis**, M. D.
 (Address) **2601 N Whittier**

19. FUNERAL DIRECTOR (NAME) **Watson and Son**
 (ADDRESS) **2769 Shawneer**

20. FILED **886172** APR 21 1938 **J.P. Prudick** Local Registrar

APR 21 1938

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 249 A

P. O. Address 2769 about

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.