No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1008

State File No. 40266

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10037

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits write "RURAL")
(d) Street No. 3505 N.orth Market St.
(If rural, give location)
(e) If foreign born, how long in U. S.? [illegible] years.

3. (a) PRINT FULL NAME Edwin C. Riley
3. (b) If veteran, name war _____
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline Riley
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April (Month) 6 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
62	7	28	____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Attendant 5
11. Industry or business City Sanitarium 8
MOTHER FATHER
12. Name George Riley
13. Birthplace _____ (City, town, or county) Ireland (State or foreign country)
14. Maiden name Phoebe Stuart
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Caroline Riley
(b) Address 3505 N. Market St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- 7- 40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) DEC 6 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1940 hour 3 minute 30 a. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured Aneurysm;	
Lobar Pneumonia; Left upper lobe;	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature [illegible] (M. D. or other)
Address Deputy Coroner Date signed 12/6/40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.