

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

FILED SEP 17 1941
1. TIME 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: Lutheran Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Genevieve Riley
3. (b) If veteran, name war *****
3. (c) Social Security No. 488-05-9466

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 3 22 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business Twentieth Century Fox Film Co

12. Name James Riley

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary O'Neil

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Riley

(b) Address 3522 A. Henrietta St.

17. (a) Burial (b) Date thereof August 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) AUG 23 1941 3029 Lafayette Ave

19. (a) _____ (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17/19
(d) Street No. 3522 A. Henrietta St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) Δ
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day August
year 1941 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 13 -
1941 to Aug. 21, 1941
that I last saw her alive on Aug. 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute My. Thromb. Duration 7 days

Due to Carcinoma of Liver and intestines 2 1/2 years
Due to Primary site uterus

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations JSB
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 _____
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 W. Brunko (M. D. or other) 0
Address 3850 Grand Ave Date signed 8/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. - 2245
3450
Jan - 1900

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 Frank J. Owens

Licensed Embalmer No. 2245

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, fact should be so stated above.