. S. No. 5
DM—5-42
ev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38121

State File No.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2468

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

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

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2704 Armand Place.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME WILLIAM C. RILEY
3. (b) If veteran, name war
3. (c) Social Security 494-10-3557
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 5th (Month) 1918 (Day) (Year)

8. AGE: Years 24 Months 5 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Cap Maker
11. Industry or business
FATHER
12. Name Calvin Riley
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Agatha Sattler
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Agatha Riley
(b) Address 2704 Armand St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2nd/42 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & PAUL
18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 Gravois
19. (a) NOV 30 1942 (Date received local registrar) (b) C. H. McGarran MD (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1942 hour 3 15 minute P.M. 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 Result of being struck by Missouri Pacific passenger train at Cliff Cave crossing while riding as a passenger in an automobile.
Due to Fractured ribs, clavicle, ramus of pubis on right; laceration of scalp; subdural and subarachnoid hemorrhage;
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Hemothorax & Pneumothorax. 8
Of autopsy Yes. 1700-23

Duration

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

22. If death was due to external causes, fill in the following: 117
(a) Accident, suicide, or homicide (specify) Accident.
(b) Date of occurrence Nov. 28, 1942
(c) Where did injury occur? Cliff Cave Rd. & Mo. Pac. tr (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury 5
23. Signature John M. Meyer Deputy Coroner (M. D. or other)
Address Kirkwood, Mo. 11/30/43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

366
2/1/42
107

DEC 1 1942

DEC 1 1942

APR 11 1945

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 Hard. Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Francis

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.