

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12688

State File No.

FILED APR 19 1943
Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 3167

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... S. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 4158 West Belle
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 50 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Benjamin J. Riley

3. (b) If veteran, name war..... none
 3. (c) Social Security No. 702-09-4285

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Dora B. Riley 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Jan 13 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 17 hr. min.

9. Birthplace Parish Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Cook11. Industry or business Unknown

MOTHER FATHER
 12. Name..... Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Gray
 15. Birthplace Parish Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Dora B. Riley
 (b) Address 4158 West Belle St
 17. (a) Burial (b) Date thereof April 3-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters
 18. (a) Signature of funeral director J. W. Hughes
 (b) Address 2620 Lantana road

19. (a) APR 2 1943 (b) J. F. Buleck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4158 West Belle
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30
 year 1943 hour 11:30 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 11 - 1943 to Mar 31 1943
 that I last saw him alive on Mar 29 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocardial infarction Duration 2 hrs

Due to Cardiomyopathy 4 new
Intestinal Stasis - site
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations HE
 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?
 While at work?..... (Specify type of place) (e) Means of injury.....
 23. Signature Daniel Stefford (M. D. or other)
 Address 925 N. Jefferson Date signed 4/1/43

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

Handwritten notes and scribbles at the top of the page, including the number "2938" and other illegible markings.

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 Lyda Hughes
Licensed Embalmer No. 2938
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.