

FILED JUN 9 1944 8

Primary Registration District No. 1003

Registrar's No. 4973

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:
4060a Kennerly Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ 36 years. (Specify whether years, months or days)

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. 4060a Kennerly Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Louis Riffle

3. (b) If veteran, name war None
3. (c) Social Security No. 493-10-9199

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Riffle
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 8, 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Streetcar Motorman

11. Industry or business _____

12. Name Daniel L. Riffle

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lillie Riffle

(b) Address 4060a Kennerly Ave.

17. (a) Burial (b) Date thereof 6/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 20 1944 (Date received local registrar)
J. J. Bradack (Registrar's signature)
Address 495 Maryland Date signed 5/30/44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1938, to May 28, 1944
that I last saw him alive on May 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to Myocardial Heart Disease

Due to Arteriosclerosis

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

Major findings: 93
Of operations _____

Of autopsy _____

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 0

Signature: [Signature] (M.D. or other) _____
Address 495 Maryland Date signed 5/30/44

Duration

1 day

6:40

6:40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 C. Moore*
Licensed Embalmer No..... *3041*
P. O. Address..... *2117 E Grand*

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.