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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42497

Registration District No. 317 Primary Registration District No. 3064 Registrar's No. 2977

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 235 St. Louis Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson (If outside city or town limits, write "RURAL")

(d) Street No. 235 St. Louis Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amanda M. Riley

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James H. Riley

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 4 (Day) 1851 (Year)

8. AGE: Years 94 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Nihel

11. Industry or business

FATHER
12. Name Henry Donnel
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Minerva Johnson
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mary Riley

(b) Address Ferguson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/45. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 12-29-45 (Date received local registrar) (b) E.G. McGannon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1945 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-1- 1945, to 12-26- 1945 that I last saw him alive on 12-26- 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza — Duration 10 days
Bronchial Pneumonia 5 days

Due to 1316

Due to Chr nephritis 1935
Chr myocarditis 1938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 12/27/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1946

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 L. Em. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.