

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED FEB 13 1946

Registration District No. Primary Registration District No. 1003

Registrar's No. 1083

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution at City Hospital
(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:

(a) State Mo (b) County 000

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

(d) Street No. 911 Market St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John Francis Riley

3. (b) If veteran, name war _____

3. (c) Social Security No. 264-28-6971

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30

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.

4. Sex Male

5. Color of race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 10 1885
(Month) (Day) (Year)

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 _____

8. AGE: Years 60 Months 10 Days 20 If less than one day _____ hr. _____ min.

Due to Coronary Sclerosis

Due to Chronic Myocarditis

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

10. Usual occupation Unemployed

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

Major findings: _____

Of operations: _____

Of autopsy: _____

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Riley

13. Birthplace England

14. Maiden name ERTY Nixon

15. Birthplace England

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Jemeriah Riley

(b) Address 5223 College ave C.

17. (a) Burial Central J. B. Undertakin
(Burial, cremation, or removal)

(b) Date thereof 2/2/46
(Month) (Day) (Year)

(c) Place: burial or cremation Central Undertakin

18. (a) Signature of funeral director J. F. Bredet
(Date of registration) (City, town, or county)

(b) Address 1841 Cass ave

19. (a) FEB 1 1946 (Date of registration) J. F. Bredet (Registrar's signature)

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 J. F. Bredet (M. D. or other) _____

Address _____ Date signed 2/1/46

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

John Agnoski

Licensed Embalmer No. *3398*

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318Primary Registration District No. 1003Registrar's No. 1083

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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)

3. (a) PRINT
FULL NAMEJohn F. Reley3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Mar 10
 (Month) (Day) (Year)

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

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

10. Usual occupation unemployed

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 20
 Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

What I last saw _____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

30/19

SUPPLEMENTARY

FEB 19 1946

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