

FILED MAY 2 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3659**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hosp
(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 NAME **John Edward Riley**
3. (b) If veteran, name war **World War #1** 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Aug 5 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 **0** **8** **15** hr. min.

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

10. Usual occupation **Locomotive Engineer**

11. Industry or business **Terminal Rail Road**

MOTHER FATHER
12. Name **John E Riely**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Kilkenny**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Katherine Riley**

(b) Address **4248 Connecticut St**

17. (a) **Burial** (b) Date thereof **4 23 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 So. Kingshighway**

19. (a) **APR 22 1946** (Date received local registrar)
J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **0000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4248 Connecticut St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1946** hour **9** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **July 18**, 19**45**, to **April 20**, 19**46**,
that I last saw him alive on **April 20**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMATOSIS**
Due to **CARCINOMA of the Rectum**

Due to.....
Other conditions (include pregnancy within 3 months of death)
Secondary Anemia

Major findings:
Of operations.....
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 **E. J. Patech** (M. D. or other)
Address **175 St. James St. Louis** Date signed **4/24/46**

14033

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..... *Edwin D Mc Dermott*

Licensed Embalmer No..... *3024*

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.