S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24938

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 1529

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 7-5-46 (Specify whether years, months or days)
In this community: 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~St. Louis~~
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5626 Hodiamont Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: RILEY, Leonard P.
3. (b) If veteran, name war: World I
3. (c) Social Security No. 492013495
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice J. Riley
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: March (Month) 10 (Day) 1888 (Year)
8. AGE: Years 58 | Months 4 | Days 4 | If less than one day: hr. min.
9. Birthplace: Philadelphia, Penna. (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business:
FATHER 12. Name: Peter L. Riley
FATHER 13. Birthplace: Philadelphia, Penna. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Weiner
MOTHER 15. Birthplace: Philadelphia, Penna. (City, town, or county) (State or foreign country)
16. (a) Informant: Clinical Clerk, Vet. Adm. Hosp.
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery, Jeff. Bks., Mo.
18. (a) Signature of funeral director: C. Hoffmeister U & L
(b) Address: Co. St. Louis, Mo.
19. (a) 7-20-46 (Date received local registrar) (b) E. J. McGavra, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1946 hour 9:20 minute P. M.
21. I hereby certify that I attended the deceased from 7-5-46, 19__, to 7-14-46, 19__; that I last saw him alive on July 14, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PYELONEPHRITIS, CHRONIC, RECURRENT WITH HYDRONEPHROSIS AND PYONEPHROSIS	UNK
Due to: 133 —	
Due to:	
Other conditions: UREMIA (Include pregnancy within 3 months of death)	UNK

Major findings: Of operations: No Operation
Of autopsy: No 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): No
(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: L. E. Stilwell, M.D. (M. D. or other)
Address: Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed: 7-14-46

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.