S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25653

State File No. 5888

Registration District No. 218 FILED JUL 22 1946 Primary Registration District No. 1003

Registrar's No.

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:
Desloge Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether)

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County 993

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

(d) Street No. 3307 Hull
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Buron Dodson Riley
~~Buron Douglas Riley~~

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. D

5. Color or race W.

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

6. (b) Name of husband or wife Ethel A. Riley

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased November (Month) 6, (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	7	26	hr. min.

9. Birthplace Mineral Wells (City, town, or county) Texas (State or foreign country)

10. Usual occupation Cont act Representative

11. Industry or business Veterans Administ ation

MOTHER FATHER

12. Name David Riley

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ethel Riley

(b) Address 3307 Hull Ave Bronx N.Y.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation New York N.Y.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUL 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd. year 1946 hour 3 minute 30 P.M.

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 Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Taylor (M.D. or other)

Address Deputy Coroner Date signed 7-3-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1945

AUG 21 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.

State of Nevada
County of Washoe } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5888

On this 5th day of August, 1946, before me appears Ethel A. Riley, who, upon her oath, states that the original record of death for Buron Douglas Riley died July 2nd, 1946, in the State of Missouri, and which was filed at St. Louis on July 3, 1946, should be corrected as follows:

Item No. Item 3 should read Buron Dodson Riley
Instead of Buron Douglas Riley

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Ethel A. Riley, Wife
Relationship.

Gen. Del. Reno, Nevada
Present Address.

Subscribed and sworn to before me this 5th day of August, 1946.

My Commission expires June 8, 1947. Norma Drapp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
M—4-43
I X36667

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