

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#3479 FEB 17 1947
FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6862

State File No. 1318
Registrar's No. 1318

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS, MO.
(b) City or town ST. LOUIS, MO.
(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL #10
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community years, months or days

3. (a) PRINT FULL NAME FRED RILEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced, or 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 2 1878 (Month) (Day) (Year)

8. AGE: 68 Years 2 Months 5 Days If less than one day hr. min.

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

10. Usual occupation Laborer (City, town, or county) (State or foreign country)

11. Industry or business Laborer

MOTHER FATHER

12. Name not known 9
13. Birthplace not known 9 (City, town, or county) (State or foreign country)

14. Maiden name not known
15. Birthplace not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Martin Riley
(b) Address 937 U. Lake

17. (a) Burial (b) Date thereof Feb 10 1947 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director Wingbermuehle
(b) Address 3819 St. Charles

19. (a) FEB 8 1947 (b) J. F. Bredeh (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town St. Louis 2517 (If outside city or town limits, write "RURAL")
(d) Street No. 116 N 6th St. 9 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. 7, 1947 year 7:15 day 7, minute A.M.
21. I hereby certify that I attended the deceased from 1-3-47 to 2-7-47
that I last saw him alive on 2-7-47 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic and diabetic gangrene of rt. leg
Duration

Due to
Due to
Other conditions Arteriosclerotic Heart Disease (Include pregnancy within 3 months of death)

Major findings: Of operations Gangrene of Leg - Right mid thigh amputation
Of autopsy Same
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 J. F. Bredeh (b) J. F. Bredeh (Date received local registrar) (Registrar's signature)
Address 1515 Lafayette Date signed 2-7-47

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

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.....

J. Allen Davis Jr.

Licensed Embalmer No. *40531*

P. O. Address.....

St Louis

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.