S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318 252

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32945 8754

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4521 Pope Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BOYD RILEY
3. (b) If veteran, name war none
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 Carolyn
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan 17, 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Montgomery City Mo. (City, town, or county) (State or foreign country)
10. Usual occupation St. Louis Car Co.
11. Industry or business Steel Grinder

FATHER
12. Name Michael Riley
13. Birthplace Ky. (City, town, or county) Greenrown (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carolyn Riley
(b) Address 4521 Pope Ave.
17. (a) Burial, cremation, or removal Burial (b) Date thereof 9-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Jonesburg, Mo.
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 Fair Ave. St. Louis
19. (a) SEP 19 1947 (Date received local registrar) (b) J. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th year 1947 hour 4:25 minute P. M.
21. I hereby certify that I attended the deceased from 8/31/47, 19..., to Sept. 16th, 1947; that I last saw him alive on Sept. 16th, 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchogenic carcinoma
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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. Murphy M.D.
Address 1515 Lafayette (M.D., or other)
Date signed 9/17/47

Jefferson City Printing Co.

(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 Gustav W Dietrte

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

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.