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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36186

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9417

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: 4140a FINNEY AVE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOUR (b) County 000

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4140a FINNEY AVE 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ~~Baby~~ Infant RILEY (MINER)

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 3

5. Color or race Col

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 10 (Month) 9 (Day) 1947 (Year)

8. AGE: Years ✓ Months ✓ Days 1 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name Leroy Riley

FATHER 13. Birthplace Alton (City, town, or county) Ill. (State or foreign country)

MOTHER 14. Maiden name Alberta Stein

MOTHER 15. Birthplace Pine Bluff (City, town, or county) Ark (State or foreign country)

16. (a) Informant Mrs Alberta Green

(b) Address 4140a Finney Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM

18. (a) Signature of funeral director A. F. WALTON

(b) Address 2707 STODDARD ST.

19. (a) OCT 11 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 47 hour 10 minute 30 A.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	Duration
Atelectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.