FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36187

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9456

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: 3005 LAFAYETTE AV
(If not in hospital or institution, write street number or location)

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

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 3005 LAFAYETTE AV
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY RILEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased DECEMBER (Month) 31 (Day) 1892 (Year)

8. AGE: Years 54 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name JOHN E. RILEY
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

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

16. (a) Informant John E. Riley
(b) Address 3005 Lafayette

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 14-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) OCT 13 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1947 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Apr 4, 1947, 19, to 10-11-47, 19;
that I last saw her alive on 10-8-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis acute	3 days
" Cler undetermined	
Due to Hypertension duration	
Due to nephritis "	
arteriosclerosis "	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 2	
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 0

23. Signature John [illegible] M.D. (M. D. or other)

Address 1715 So 39th Date signed 10-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St Louis (10) Mo

WRITE PLAINLY—USING 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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.