FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21276

FILED JUL 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5744

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 1925 A Bacon St.
(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 600

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

(d) Street No. 1925 A BACON ST. 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Caroline A Riley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Edwin C. Riley

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

7. Birth date of deceased Jan (Month) 5 (Day) 1879 (Year)

8. AGE: Years 69 Months 5 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Herman Reiners
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Caroline Spelbrink
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Emma Handlan
(b) Address 7816 Waltnea-Clayton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 28 (Day) 1948 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullmane Bros
(b) Address 3320 N. Kingshighway

19. (a) JUN 26 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1948 hour 6 minute p M.

21. I hereby certify that I attended the deceased from May 23, 1948, to June 24, 1948; that I last saw her alive on May 27, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Nephritis	2 years
Due to Mitral Regurgitation	30 years
Due to	
Other conditions Senility (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 Alle Krall (M. D. or other)

Address 2416 E Grand Date signed 6/26/48

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.....Fred Frull

Licensed Embalmer No. 3/86

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 54 8

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:

(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Christina Riley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 12 1848
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 13 If less than one day hr. min.

9. Birthplace St Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's Signature)
JUL 5 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 15 year 1948 hour minute 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.

	Duration
Immediate cause of death	
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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

21276

LL71