FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21277

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5485

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: 719 N. Leffingwell Ave. (a)
(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 Missouri (b) County 0-00

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 719 a N. Leffingwell Ave. 7
(If rural, give location)

21 0

(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 None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased May 12, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	1	23	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Ella Alexander
15. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country) 0

16. (a) Informant Louise Bell
(b) Address 715 a. N. Leffingwell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave.

19. (a) JUN 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15, year 1948 hour 6 m. minute 30 A. M.

21. I hereby certify that I attended the deceased from May 14, 1948, 19 , to June 15, 1948 that I last saw her alive on June 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	unknown
Due to not determined	
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 0

23. Signature L. F. Brooks (M. D. or other)

Address 2746 a Franklin Date signed 6/16/48

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis

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.