S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24655

Registrar's No. 6826

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 En route to Homer G Phillips 3
(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 11 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009 13
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL") 3
(d) Street No. 2816 N. Newstead
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 11
If yes, name country

3. (a) PRINT FULL NAME Tom Riley
3. (b) If veteran, name war WW # 1
3. (c) Social Security No. 435-20-9044
4. Sex 2 Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pinkie Riley
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased July 31, 1916 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
32	0	0	hr. min.

9. Birthplace Bossier City, La. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business American Car & Steel Fdry
FATHER
12. Name Tom Riley, Sr. 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lula Mae Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Pinkie Mary Riley
(b) Address 2816 N. Newstead
17. (a) Removal (b) Date thereof 8-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shreveport, La.
18. (a) Signature of funeral director C J Nash
(b) Address 3847 Page
19. (a) AUG 4 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1948 hour 3 minute 4 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 Intra Thoracic Hemorrhage; CONTRIB: Stab wounds of the chest, inflicted with a pair of barber scissors in the hands of one Pinkey Vincent, (also known as Pinkie Riley, Col.), when the deceased struck her with a chair in the Bar-tenders and Waiters Club 2816 N Newstead Av., around 3:00 A.M., July 31, 1948 JUSTIFIABLE HOMICIDE. (Duration)
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 168

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) JUSTIFIABLE HOMICIDE
(b) Date of occurrence 7-31-1948
(c) Where did injury occur? St. Louis, Mo. 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place
(Specify type of place)
While at work no Means of injury see above
23. Signature Alfred Werry (M.D. or other)
Address Deputy Coroner Date signed 8/4/48

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.....Charles D King.....

Licensed Embalmer No.....7989.....

P. O. Address.....3947 Page.....

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.