No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28143

Registrar's No. 7572

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Deaconess Hospital
(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 Missouri (b) County

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Riley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 27 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. 30 min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name David Riley
13. Birthplace St. Peters (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Thelma Knoot
15. Birthplace Rosebud (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Narvel H. Riley
(b) Address 8303 Eads Avenue, St. Louis 14

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster Inc.
(b) Address Clayton Rd. at Concordia Lane

19. (a) AUG 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1948 hour 1 minute - A.M.

21. I hereby certify that I attended the deceased from August 27, 1948, to August 28, 1948; that I last saw him alive on August 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bile Peritonitis
Due to Congenital malformation of the G. I. tract.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Bile peritonitis - Complete
Of autopsy Segmental defect in small bowel -

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?
While at work? (Specify type of place) (e) Means of injury (0)

23. Signature C. Rick Robertson (M. D. or other) MD
Address Mo. Theatre Bldg. Date signed 8/28/48

(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 Ernest W. Spillers

Licensed Embalmer No. H080

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.