S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 42104

Registrar's No. 2767

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Residence 9510-Old Bonhomme Road 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Olivette Village 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9510-Old Bonhomme Road 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Riley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife William F.

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

7. Birth date of deceased March (Month) 15 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	8	13	hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Laurenz Ulm
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Goetz
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Irene B. Riley
(b) Address 9510-Old Bonhomme Rd-Clayton-5-Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Road-Overland-14-Mo.

19. (a) 12-1-48 (Date received local registrar) (b) Thurid L. Lunny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1948 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 1, 1948, to Nov 27, 1948;
that I last saw her alive on Nov 27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulmonary edema	2 days
Due to: Aortic stenosis	5 yrs
Due to: 920	
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 0

23. Signature Thos W Davis (M. D. or other) MD
Address 2422 N Grand Date signed 11/30/48

(Licensed Embalmer's Statement on Reverse Side)

Fr 4325
2424 N. Grand

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, Mo.

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.