

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31794

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8094

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2289	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 28 Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Riley	
		c. (Last) Riley	
4. DATE OF DEATH		September 11, 1951	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower <input checked="" type="radio"/>	8. DATE OF BIRTH August 15, 1869
9. AGE (In years last birthday) 82 7/8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Freight Handler	11. BIRTHPLACE (State or foreign country) Unknown 9
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Addie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Brodhage		ADDRESS 4305 Potomac	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from 9-10, 19 51, to 9-11, 19 51, that I last saw the deceased alive on 9-10, 19 51, and that death occurred at 1:25P.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) F. J. Stanzaro, M.D.		23b. ADDRESS 1515 Lafayette Ave.	
23c. DATE SIGNED 9-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="radio"/>		24b. DATE 9/13/51	
24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. SEP 12 1951		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 3634 Gravois	

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

1007 29 1954

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Frank J. Paul*

Licensed Embalmer No. ....

2675

P. O. Address.....

*H. L. ...*

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.