

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32205

State File No.

FILED OCT 5 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3297</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester Mo</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANCHESTER</u>		474?	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Home in St Louis</u>				d. STREET ADDRESS (If rural, give location) <u>PINE CREST HOME</u>			
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Riley</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify?) <u>never married</u>		8. DATE OF BIRTH <u>May 22 - 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unborn</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unborn</u>		11. BIRTHPLACE (State or foreign country) <u>New York City 1</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>James Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Nora O'Logan</u>		14. NAME OF HUSBAND OR WIFE <u>(never married)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. R. P. De 2331 MULLEN PKY</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac dilatation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Chronic Myocarditis 2 yrs.</u>			
				DUE TO (c) <u>4252</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Infected left foot</u>		<u>rakes</u>	
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? _____			
22. I hereby certify that I attended the deceased from <u>8/25</u> , 19 <u>51</u> , to <u>9/27/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/26</u> , 19 <u>51</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Ridgwood 22 mo</u>		23c. DATE SIGNED <u>9/29/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>10-1-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombard MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen</u>		ADDRESS <u>4386 LINDOLL</u>	

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

JUL 23 1957

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.....

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.....

Signed.....

James A. Lemmers

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.