V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1953

State File No. 16142

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4363

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Crystal City
d. Is residence within limits of city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0501

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Andrew~~ Andrea
b. (Middle):
c. (Last): Riolo

4. DATE OF DEATH (Month) (Day) (Year): 4-25-53

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-~~30~~ 29-1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): glass worker
10b. KIND OF BUSINESS OR INDUSTRY: Plate glass
11. BIRTHPLACE (City and State or Foreign Country): ~~unknown~~ Sicily, Italy
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ~~Manuel~~ Riolo, Emanuele
13b. MOTHER'S MAIDEN NAME: ~~Josephine Marsella~~ Giuseppina Catalano
14. NAME OF HUSBAND OR WIFE: ~~Vicenzia~~ Riolo, Wincenza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-03-4965 ~~unknown~~
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Manuel Riolo, Crystal City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Silicosis, marked — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary embolus — 1 day
DUE TO (c): Peripheral Phlebothrombosis — ?

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 ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 5230

22. *I hereby certify that I attended the deceased from* July 1950, *to* 4-25, 1953, *that I last saw the deceased alive on* 4-25, 1953, *and that death occurred at* abt 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur K. Friskel MD
23b. ADDRESS: 18 S. Kingshighway
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4-27-53
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Crystal City, Mo.

DATE REC'D BY LOCAL REG.: APR 28 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Politte F.H., Crystal City, Mo.

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Ruter

Licensed Embalmer No. 4965

P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 16142
Local Registrar's No. 4363

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Andrea Riolo, died ~~XXX~~ 4-25-1953, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 3 should read Andrea ~~Andrea~~ Riolo
Instead of Andrew Riolo

Item No. 8 should read Oct. 29-1890
Instead of Oct. 30-1890

Item No. 11 should read Siculiana- Sicily Italy
Instead of

Item No. 13a ~~Emanuelex~~ Emanuele Riolo
Instead of

Item No. 13b should read Giuseppina Catalano
Instead of

Item No. 14 should read Vincenza Riolo
Instead of

Item No. 16 should read 489-03-4965
Instead of ----

Item No. 24c should read Catholic Cemetery
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gertry L. Pollitt Fun.
Relationship.

Crystal City Mo.
Present Address.

Subscribed and sworn to before me this 6 day of Aug, 1953

My Commission expires 3-4-57

Ellen C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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