

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED **JUL 23 1953**

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1968**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>OVERLAND</b> #24X	
c. "LENGTH" OF STAY (In this place) <b>65 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>2301 SPENCER AVENUE</b>	
3. NAME OF DECEASED a. (First) <b>WARREN</b> b. (Middle) <b>C.</b> c. (Last) <b>RILEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-16-53</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SMARRIED</b>	8. DATE OF BIRTH <b>1/1/93</b>
9. AGE (In years last birthday) <b>60</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>COLUMBUS, GEORGIA</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>DAVID F. RILEY</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY YOUNG</b>		14. NAME OF HUSBAND OR WIFE <b>MARY N. RILEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY A <b>432 531 (RN) 703-01-2719</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>		ADDRESS	
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.		19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis, generalized, primary site undetermined</b> ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of lung, probable</b> DUE TO (c) 11. 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"/>		INTERVAL BETWEEN ONSET AND DEATH <b>Since Dec. 1952</b>	
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) <b>163X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	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 <b>5-12-53</b> , 19 <b>53</b> , to <b>7-16-53</b> , 19 <b>53</b> , and that death occurred at <b>9:50A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. A. ALLEN</b>		23b. ADDRESS <b>M.D. VA HOSPITAL, JEFF. BKS, MO.</b>	
23c. DATE SIGNED <b>7-16-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>7-17-53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>PULASKI, VIRGINIA</b>
DATE REC'D BY LOCAL REG. <b>7-16-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 222 S. GRAND</b>	

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**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 *J. Allen Davis* .....

Licensed Embalmer No. *405-3* .....

P. O. Address *St. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.