

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

FILED MAY 17 1954  
XC- Unk  
Reg. #1322 SL#1244

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17282  
Registrar's No. 4378

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN MAPLEWOOD 4524	
c. LENGTH OF STAY (in this place) 17 hrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.		e. STREET ADDRESS (If rural, give location) 7844 Folk	

3. NAME OF DECEASED (Type or Print) WILFRED	a. (First)	b. (Middle) A. G.	c. (Last) RISKE	4. DATE OF DEATH 5-14-54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-15-1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 10 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY St. Louis County	11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Riske	13b. MOTHER'S MAIDEN NAME Ida Muhn	14. NAME OF HUSBAND OR WIFE Rosina Riske
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. 493-10-6876	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH UNK
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PANCREAS WITH METASTASIS TO LIVER AND SPLEEN		
	II. OTHER SIGNIFICANT CONDITIONS MULTIPLE VASCULAR OCCLUSION		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)	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 5-13-54, 19, to 5-14-54, 19, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE T. Kamioskas	(Degree or title)	23b. ADDRESS M.D. VAH, 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 5-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-17-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAY 17 1954	REGISTRAR'S SIGNATURE J. B. Smith	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo.	ADDRESS
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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..... *H. P. Burgess*

Licensed Embalmer No. *40*

P. O. Address *Maple*

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.