

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38790

State File No.

318

REG. DIST. NO. 1003

Registrar's No. 10409

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10409			
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) ST. LOUIS		c. LENGTH OF STAY (in this place) 48 hours		c. CITY OR TOWN ST. LOUIS, MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 1127 Dillion Drive					
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL		b. (Middle) _____		c. (Last) RILEY		4. DATE OF DEATH (Month) (Day) (Year) November 27, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 12-25-1947			
9. AGE (In years last birthday) 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Conrad Riley		13b. MOTHER'S MAIDEN NAME Eva Boyer			
13a. FATHER'S NAME Conrad Riley		13b. MOTHER'S MAIDEN NAME Eva Boyer		14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Conrad Riley, 1127 Dillion Drive					
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) <i>Brain Injury; suffered when struck by car operated by one, Curtis Lauer my brother of about 1235 South 4th Street, about 5:35 p.m. November 25, 1955.</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>		21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>			
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo.</i>		21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <i>Nov 25 55 5p 25</i>			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <i>Nov 25 55 5p 25</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>8124 25</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.									
23a. SIGNATURE (In ink) <i>Patrick L Taylor</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>11-29-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-30-1955</i>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <i>Tiff, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>NOV 29 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>2301 Lafayette Ave. McLAUGHLIN FUNERAL HOME, INC.</i>					

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

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 *A. G. Ferris*.....

Licensed Embalmer No. *33*.....

P. O. Address *H. La*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.