

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14812**  
Registrar's No. **3507**

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. CITY OR TOWN <i>St. Louis, Mo.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <i>3 days</i>		e. STREET ADDRESS (If rural, give location) <i>5130 Julian Ave, 20510</i>		f. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>	
3. NAME OF DECEASED (Type or Print) <i>AVIS RILEY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 7 1956</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Apr. 5 1907</i>	9. AGE (at last birthday) IF UNDER 1 YEAR Months Days Hours Min. <i>49</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<i>Housewife</i>		<i>None</i>		<i>Bernie Mo.</i>	
13a. FATHER'S NAME <i>Charles Riley</i>		13b. MOTHER'S MAIDEN NAME <i>Gene Collins</i>		14. NAME OF HUSBAND OR WIFE <i>Clarence Riley</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknowns) (If yes, give date of service)		16. SOCIAL SECURITY NO. <i>492-09-7088</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Leayburn Riley</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Brain Injury, Ruptured Spleen, ruptured surgically; suffered in collision between car operated by one Chas. Barton, who which deceased was a passenger and car operated by unknown person, at intersection of Taylor Road Newberry Terrace, about 6:15 p.m., April 4 1956.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. INTERVAL BETWEEN ONSET AND DEATH YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>suicide</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 OF INJURY <i>Apr 4 56 6p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>OOD E 816.4 26</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 <i>1050 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick E. Taylor</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>4/9/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>Apr 1956</i>		<i>Friedens, St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>APR 9 1956</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. JUNEBA DIRECTOR'S SIGNATURE <i>J. J. Quinn</i>	

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 *Frank J. Wyland*.....  
Licensed Embalmer No... 45.

P. O. Address.....

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.