

XC # 1059 33 07  
 SL # 1261 FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10962  
 STATE FILE NUMBER  
 2852  
 Registrar's No.

Registration District No. 318 Primary Registration District 1003

Health,  
 Welfare  
 Public  
 Service

300  
 1-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Carer cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP. 0		d. STREET ADDRESS 3945 CLEVELAND	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HOUSTON NICHOLAS RILEY		4. DATE OF DEATH Month Day Year 3-21-57	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-23-24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY STEEL MILL	11. BIRTHPLACE (City and state or country) BARDWELL, KENTUCKY /
13. FATHER'S NAME LUCINE RILEY		14. MOTHER'S MAIDEN NAME DORMA SHEPERD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 405-22-5816	17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE BRONCHIAL PNEUMONIA & PULMONARY EDEMA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY TUBERCULOSIS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY a) m. b) p. m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1-20-57 to 3-21-57 and last saw him alive on 3-21-57 Death occurred at 6:10 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. D. M. D. VA HOSPITAL, ST. LOUIS, MO.		22b. ADDRESS	22c. DATE SIGNED 3-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/23/57	23c. NAME OF CEMETERY OR CREMATORY Paducah, Ky	23d. LOCATION (City, town, or county) (State) Paducah Ky
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. MAR 25 '57	26. REGISTRAR'S SIGNATURE J. C. Smith MO MRS

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
BUREAU OF EMBALMERS  
CHICAGO, ILLINOIS  
OFFICE OF THE REGISTRAR  
100 N. LAUREL ST.  
CHICAGO, ILL. 60610  
TELEPHONE 312-463-1111  
FAX 312-463-1112  
WWW.ILEA.ORG

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harry J. Schumacher*  
Licensed Embalmer No. 267

P. O. Address 5711 S. State

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.