

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1962

-62-008633

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1545

VS 300 Rev. 4/59

1
2 209
3
4 0
5 1
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7 0
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11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST. LOUIS MO.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo. Length of stay in lb
c. FULL NAME OF HOSPITAL OR INSTITUTION 4654 Pope Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY ST. LOUIS
c. CITY OR TOWN St Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 4654 Pope Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last BERNARD M RILEY
4. DATE OF DEATH Month Day Year Feb 4th 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 11/20/1911 9. AGE (last birthday) 50 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CHARLES RILEY 13b. MOTHER'S MAIDEN NAME VERA DALEY 14. NAME OF HUSBAND OR WIFE EILEEN RILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
17. INFORMANT Eileen Riley 4654 Pope Ave Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis - recurrent INTERVAL BETWEEN ONSET AND DEATH 3 weeks
DUE TO (b) 4201
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 July 15, 1961 to Feb 4, 1962 and last saw him alive on Feb 4, 1962
Death occurred at 355 ft. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Smith M.D. (Degree or title) 22b. ADDRESS 4703 Central Ave. St Louis 15 22c. DATE SIGNED 2-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 2/7/62 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI

24. FUNERAL DIRECTOR STROOP CARROLL ADDRESS 4600 NATURAL BRIDGE 25. DATE REC'D BY LOCAL REG. FEB 6 1962 26. REGISTRAR'S SIGNATURE John Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

8490 (Remains)
2/2/73

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 M W Rueter

Licensed Embalmer No. 7865

P. O. Address St Louis Mo

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.

