

APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1008

8414
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 1
(b) Township St. Louis, Mo. Primary Registration District No. FRISCO Hospital Registered No. 2179
(c) City St. Louis, Mo. (d) Street No. 400 Katherine Mary Riley St. 19
(e) Length of residence in city or town where death occurred 63 yrs. mo. ds. (f) How long in U.S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

(a) Residence, No. 3902 Lindell, St. Louis, Mo. (City) St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1876
7. AGE YEARS 63 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stenographer
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) 2-17-39 11. Total time (years) spent in this occupation 36 yrs.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
13. NAME Mrs. Riley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME anne Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mr. John E. Riley (brother)
22 Ridgemon, Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd.

20. FILE MAR 7 1939 J. B. Braden Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to March 5, 1939
I last saw her alive on March 5, 1939. Death is said to have occurred on the date stated above, at 10:40 p.m.
The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia
Broncho
134a
Date of onset 3-3-39
Other contributory causes of importance:
Pyelonephritis (w/ secondary stones)
anemia, + myocarditis chronic

Name of operation none Date of no
What test confirmed diagnosis? cytology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. M. D. M. D.
(Address) 4960 Laclede, St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Alfred J. Bredetor*

Licensed Embalmer No. *2663*

P. O. Address *4204 Baine*

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 this body is not embalmed, above space should be left blank.