

REC'D APR 12 1939

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

791
1003

9077

Do not use this space.

Registered No. 2842

1. PLACE OF DEATH

- (a) County..... 2 Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 3863 Bingham St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ann J. Riley

- (a) Residence, No. 3863 Bingham St. 15
(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) Widowed

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse J. Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 - 1

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) So. Carolina

- FATHER 13. NAME Chas. Jackson

14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

- MOTHER 15. MAIDEN NAME Emma Shuttleworth

16. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

17. INFORMANT Walter H. Riley
(ADDRESS) 7713 Lile Rich. Hts.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE March 28, 1939

19. FUNERAL DIRECTOR (NAME) Wm. Schumacher
(ADDRESS) 3013 Meramec St.

20. FILE MAR 26 1939 J. B. Borden
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1939, to March 25, 1939

I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion -
and a Coronary
Thrombosis - left Coronary
artery
Other contributory causes of importance:
Chronic Myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) A. J. Shelton, M. D.
(Address) 7700 Virginia

4/10/00
1:30 P.M.
S.P.M.

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,

George J. Kukulski

or by

Registered Apprentice No., working under my personal supervision.

Signed *George J. Kukulski*

Licensed Embalmer No. *2906*

P. O. Address *3013 Merano*

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.