

JAN 12 1940 791
Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10530

1. PLACE OF DEATH: 1008
(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 5 days
(Specify whether
In this community. 62 yrs.
years, months or days)

8. (a) PRINT FULL NAME Flora Riley 1150
8. (b) If veteran, name war No
8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Riley 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased About 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 73 hr. min.

9. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. Riggendorf
(b) Address 5400 Armand St.
17. (a) Buried (b) Date thereof 12-9-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Church York
18. (a) Signature of funeral director Kriegshauser Morticians
(b) Address 4228 So. Kingshighway
19. (a) DEC 8 1939 (b) J. B. Bickel
(Died local resident) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1734 Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7,
year 1939 hour 10:10 minute a m. M.
21. I hereby certify that I attended the deceased from
7-3-39, 1939, to Dec. 7, 1939, 1939;
that I last saw h. er alive on Dec. 7, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage
7-3-39x also 12-4-39

Due to Arteriosclerotic heart disease
Due to Senility 7-3-39x 7-3-39x

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy No

Duration
Physician
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature R. H. Grove (M. D. or other) MD
Address 5400 Armand Date signed 12/18/39

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.

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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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed *Edmund M. Germain*

Licensed Embalmer No. *302K*

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

7/1/02