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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8735

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2145

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

60
17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 4mo. 25days (Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 63 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Unknown 6 years.

3. (a) PRINT FULL NAME Patrick Riley

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 16 (Day) 1852 (Year)

8. AGE: Years 88 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Phillip Riley

13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

MOTHER 14. Maiden name Katie Colwell

15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant J. L. Sullivan

(b) Address 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen + Kelly

(b) Address 1416 N. Taylor ave.

19. (a) MAR 7 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2 year 1941 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 5, 1939 to Mar. 2, 1941 that I last saw him alive on Mar. 2, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to: Generalized arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Generalized arteriosclerosis, Pulmonary tuberculosis, healed	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert P. Shank (M. D. or other)

Address 5600 Arsenal Date signed 3/5/41

(Licensed Embalmer's Statement on Reverse Side)

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~~ Raymond E. Gehrke, Registered Apprentice No. ~~____~~, working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

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 this body is not embalmed, fact should be so stated above.