

No. 2  
-5-43  
-17-39  
X 36671

FILED FEB 23 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **621**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**

(b) City or town **St. Louis, Missouri.**

(c) Name of hospital or institution: **St. Louis City Hospital - Max C. Starkloff**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **foo**

(c) City or town **ST LOUIS** **10 17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4157 WARNE AV** **9**  
**Memorial** (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GEORGE RILEY**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **491-16-5567**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **CORA RILEY**

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

7. Birth date of deceased **MARCH 25 1880**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **9** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **PHELPS Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **WATCHMAN**

11. Industry or business **SULLIN STEEL Co.**

12. Name **GEORGE RILEY**

13. Birthplace **PHELPS Co Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **PHELPS Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS ANN NICHOLS**

(b) Address **ROLLA MO**

17. (a) **BURIAL** (b) Date thereof **1-18-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ROLLA MO**

18. (a) Signature of funeral director **HOWLAND SERVICE**

(b) Address **4355 WASHINGTON, AV**

19. (a) **JAN 20 1947** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18th**  
year **1947** hour **7:15** minute **A** M.

21. I hereby certify that I attended the deceased from **12/30/46**  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. **im** alive on **1/18/47** \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**on of the return**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **H 6**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(2) Means of injury **0**

23. Signature **D. G. Jones** **1515 Lafayette** **1/18/47** or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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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.....

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

Signed..... *Ronald Yalmer*

Licensed Embalmer No..... *3917*

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. \***