

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
#12801
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 17969
4755
Registrar's No.

Registration District No. 318 Primary Registration District No. Registrar's No.

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:
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 Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3329
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME BABY (MALE) RILEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 22nd 1948
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22nd
year 1948 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from 5/22/48
_____ 19, to May 22nd 19 48
that I last saw h im alive on May 22nd 19 48
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
5 hr. 0 min.

Immediate cause of death Incompatibility
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsies _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Joe Riley
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Weckmann
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Riley
(b) Address 3329 Memorial

17. (a) Burial (b) Date thereof 5-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cem

18. (a) Signature of funeral director J. F. Bradlock
(b) Address 2223 St. Louis Ave

19. (a) MAY 24 1948 (b) J. F. Bradlock
(Date received local health officer's report) (Registrar's signature)

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? 0 (Specify type of place) (e) Means of injury 0
23. Signature 1515 Lafayette (M. D. or other) 8
Address Date signed

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

(Licensed Embalmer's Statement on Reverse Side)

CYREL COSTELLO

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.

Not Embalmed
Signed *John P. Buchholz*
Licensed Embalmer No. *1274*
P. O. Address *2223 St. Louis*

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.