

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35540**
Registrar's No. **8760**

FILED OCT 23 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Stanton</i>	
c. LENGTH OF STAY (in this place) <i>1 day</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>			

3. NAME OF DECEASED a. (First) <i>Michael</i>		b. (Middle) <i>O. (interim)</i>		c. (Last) <i>Riley</i>		4. DATE OF DEATH (Month) <i>10</i> (Day) <i>2</i> (Year) <i>1951</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <i>May 3, 1950</i>	
9. AGE (in years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		11. BIRTHPLACE (State or foreign country) <i>Fresno, California</i>		12. CITIZEN OF WHAT COUNTRY? <i>American</i>	

13a. FATHER'S NAME <i>Eugene C. Riley</i>		13b. MOTHER'S MAIDEN NAME <i>Melba Foster</i>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>J. Young</i>	
				ADDRESS <i>500 So. Kings Highway, City</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Polymyositis, Bulbar</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>0800</i>	

22. I hereby certify that I attended the deceased from *10-2* 1951, to *10-2*, 1951, that I last saw the deceased alive on *10-2*, 1951, and that death occurred at *8:15 pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. L. Thurston Mc...</i>		(Degree or title) _____		23b. ADDRESS <i>500 So. Kings Highway</i>		23c. DATE SIGNED <i>10-3-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>10-3-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Stanton Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Stanton Mo.</i>	

DATE REC'D BY LOCAL _____		OCT 4 1951		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>	
						ADDRESS <i>1101 Manchester Ave.</i>	

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.

Student Embalmer No.....

Signed W.E. Morris.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3360.....

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, fact should be so stated above.