

FILED JUN 27 1952

STANDARD CERTIFICATE OF DEATH

22553
State File No. 5031
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY Missouri
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis c. LENGTH OF STAY (In this place)
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION 3961 Enright Ave 11 d. STREET ADDRESS (If rural, give location) 3961 Enright Ave

3. NAME OF DECEASED a. (First) Flora b. (Middle) Riley c. (Last) Riley 4. DATE OF DEATH (Month) (Day) (Year) May 31 1952

5. SEX Female 3 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1 8. DATE OF BIRTH Jan. 31 1914 9. AGE (In years last birthday) 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Mo. 1 12. CITIZEN OF WHAT COUNTRY? U.S.O.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Cert Davis 14. NAME OF HUSBAND OR WIFE Lester Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester Riley 3961 Enright

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Chronic nephritis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from April 1951, to May 31, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Lawrence M. Tuttle, M.D. (Degree or title) 23b. ADDRESS 4342 Washington 23c. DATE SIGNED 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0 24b. DATE June 3 1952 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St Louis County Mo

DATE REC'D BY LOCAL JUN 2 1952 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Funeral Home 3704 Finney Ave

(Licensed Embalmer's Statement on Reverse Side)

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

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

Laurence W. Edwards

Signed.....
Student Embalmer

Licensed Embalmer No. *4301*

P. O. Address *Shrewsbury*

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.