THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045346

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 468

1. PLACE OF DEATH
a. COUNTY: St.Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St.Francois Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital No.4 — Length of stay in 1b: 8Y;8M;2das.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis. 2189 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4440 Laclede, Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Robert Middle: James Last: Riley

4. DATE OF DEATH: Month December Day 7 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 31,1889
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 10 Days 6 Hours Min. — IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postman
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government
11. BIRTHPLACE (City and state or country): Omaha,Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME: James Riley
13b. MOTHER'S MAIDEN NAME: Flora Belle Smith
14. NAME OF HUSBAND OR WIFE: None

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.: None
17. INFORMANT: Mrs.Cora Alice Riley, Address: 6200 Plymouth St.Louis,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion - - - - - - - - - - - - - instantaneously
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis - - - - - - - - - - - - - - - Unknown.
DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Dementia Praecox Psychosis - - - - - - - - - - - Abt. 20 yrs.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 5, 1950, to Dec.7, 1958 and last saw him alive on Dec. 7, 1958
Death occurred at 8:10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John A. Brennan M.D. (Degree or title)
22b. ADDRESS: State Hospital No.4 Farmington, Missouri
22c. DATE SIGNED: 12-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-9-58
23c. NAME OF CEMETERY OR CREMATORY: St.Paul's Churchyard
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR: Shepard Funeral Home, ADDRESS: 1167 Hamilton Ave. St.Louis,Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 20, 1958
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 5 1959

JUN 5 1959

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John J. Hauser

Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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