MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045425
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3221

FILED NOV 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002
2 4039
3 2
4 0
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9 332X
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12 45-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLAYTON
Length of stay in 1b: HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST LOUIS CO HOSPT
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: ST LOUIS
c. CITY OR TOWN: ST JOHN
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 9084 BOBB
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Zachariah Middle: Riley Last:
4. DATE OF DEATH: Month 11 Day 4 Year 62
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: AUG 2 1874
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and state or country): PHELPS CO MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: SAMUEL RILEY
13b. MOTHER'S MAIDEN NAME: HARRIET RILEY
14. NAME OF HUSBAND OR WIFE: LOUELLA RILEY (DEAD)
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.:
17. INFORMANT: PEARL GUTSCHLAG Address: 9084 BOBB

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, General — 3 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 11-3-62, to 11-4-62 and last saw her/him alive on 11-4-62
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible], MD (Degree or Title)
22b. ADDRESS: 601 So. Brentwood Clayton Mo
22c. DATE SIGNED: 11-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11-5-62
23c. NAME OF CEMETERY OR CREMATORY: SCHULTZ CEM
23d. LOCATION (City, town, or county) (State): SALEM MO

24. FUNERAL DIRECTOR: Eric Hellerman ADDRESS: Overland Mo
25. DATE RECD. BY LOCAL REG.: 11-5-62
26. REGISTRAR'S SIGNATURE: John G. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1962

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_____ Signed Earl P. Hillerman

Signature of Student Embalmer

Licensed Embalmer No. 3501

P. O. Address Overland, (Ore)

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.