MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2727

1. PLACE OF DEATH

County ..... Registration District No. 721 File No. .....

Township ..... Primary Registration District No. 7003 Registered No. 297

City St. Louis (No. ..... Barnes Hospital St. ..... Ward)

2. FULL NAME Riehl, Virginia Belle

(a) Residence. No. ..... St., 12 Ward. Alton Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26, 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	10	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Godfrey Township
(STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER Edwin H. Riehl.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jersey Co.
(STATE OR COUNTRY) Illinois.
12. MAIDEN NAME OF MOTHER Olive M. Lowe.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Upper Alton
(STATE OR COUNTRY) Illinois.

14. INFORMANT Mrs. Olive M. Riehl.
(Address) 1858 Evergreen Ave. Alton, Ill.

15. FILED JAN 10 1927 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9, 1927.

17. I HEREBY CERTIFY, That I attended deceased from 11-12, 1926 to 1-9, 1926 that I last saw her alive on 1-9, 1926, and that death occurred, on the date stated above, at 1 05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subacute Bacterial Endocarditis
Embolus to brain
Embolus to lung
Non Puerperal (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) George S. Littell, M. D
, 19 (Address) Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Alton, Ill. Oakwood Cem.
DATE OF BURIAL: Jan. 12, 1927.

20. UNDERTAKER: Robert H. Streeper.
ADDRESS: Alton, Ill.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.