

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

Do not use this space.

9618

1. PLACE OF DEATH

County.....
Township.....
City St Louis - Mo

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 2133
St..... Ward)

2. FULL NAME Mary Emelie Rieth

(a) Residence. No. 5502 S Kings Highway St. 2 Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-30-1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 36 9 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 92A 95C
(b) General nature of industry, business, or establishment in which employed (or employer) 111B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTY) Missouri

10. NAME OF FATHER

Joseph Kirin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTY) Missouri

12. MAIDEN NAME OF MOTHER

Lora Frost

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTY) Missouri

14.

INFORMANT Frank J. Rieth
(Address) 5502 S Kings Highway

15.

FILED 9-1-1927 1927
Wm B Starckoff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-1927

17. I HEREBY CERTIFY, That I attended deceased from 2-10-1927, to 3-2-1927, and that

that I last saw h. 22 alive on 3-2-1927, and that death occurred, on the date stated above, at 118 m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatic Heart Disease Chronic
Mitral stenosis & insufficiency
Tricuspid insufficiency
Cadaver decomposition (duration) 24 yrs. mos. da.
CONTRIBUTORY Pulmonary edema due to
(SECONDARY) Chronic Mitral Insufficiency 7 da.

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? autopsy

(Signed) George S Little, 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

Lake View Cemetery DATE OF BURIAL 3/5 1927

20. UNDERTAKER

Wacker-Helderle ADDRESS 2331 S. Broadway

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.

EMMENT RECORD

