

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

Do not use this space.

35609

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 4165 Pleasant.)

File No.
 Registered No. 10082
 St. Ward

2. FULL NAME Jacob J. Riede.

(a) Residence. No. 4165 Pleasant St. 10 Ward.

(Usual place of abode) (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 Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/2/1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	66	4	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Park Keeper.
 (b) General nature of industry, business, or establishment in which employed (or employer) City of St. Louis.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

10. NAME OF FATHER Michael Riede.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Sophia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Genevieve Miller
 (Address) 4165 Pleasant

15. FILED 31 1928 Max Starkoff
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/29/28 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 25 1928, to Oct 29 1928 that I last saw him alive on Oct 29 1928, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus.
 (duration) 2 yrs. - mos. - da.
 CONTRIBUTOR (SECONDARY) Auto Intoxication
 (duration) yrs. mos. 2 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? Urine Analysis.

(Signed) C. H. Allen, M. D.

10/30, 1928 (Address) 2424 Cass

*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 DATE OF BURIAL

Friedens. 11/1/28 19

20. UNDERTAKER ADDRESS
Provoist Lund Co 3710 N. Grand.

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.

WHITE COPY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

