

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1007
City St. Louis No. 5038 Walden St. _____ Ward _____

File No. 14614
Registered No. 3987
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5038 Walden St. 12 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Riegler</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 19, 1865</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employed) <u>Retail D. S.</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Lerau
(STATE OR COUNTRY) Austria

10. NAME OF FATHER Moses Riegler

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

12. MAIDEN NAME OF MOTHER Leelia (unk)

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

14. INFORMANT John Deacon
(Address) 1458 Walden

15. FILED 22 1930
REGISTRAR W. C. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21 1930

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, and that death occurred, on the date stated above, at 4:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound of 167
abdomen,
while suffering temporary
mental derangement. (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) suicide (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 170

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) John J. ... M.D.
4/22, 1930 (Address) Deputy Coroner

*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 New Mt. Sinai DATE OF BURIAL 4/23 1930

20. UNDERTAKER A. B. Berger ADDRESS 4715 McPherson

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

