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

Do not use this space.

File No. 34644

Registered No. 10027

1. PLACE OF DEATH

County ..... Registration District No. 1001

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Hospital St. ..... Ward)

2. FULL NAME William Riekemann

(a) Residence. No. 4625 Loughborough Avenue ✓ 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 21, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	9	29	

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

210 E
210 M

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Karl Riekemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Emma Suess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

14. INFORMANT Emma Riekemann
(Address) 4625 Loughborough Avenue

15. FILED OCT 22 1930, 19 ..... Max E. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 20th 19 30.

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Laceration of Throat) caused by being cut by unknown lie of some automobile he was riding in driven by Edward Elbert, when same collided with Traffic Pole 10/19/30
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John Poelker M.D.
10/21, 19 30 (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 Sunset Burial Park — DATE OF BURIAL Oct. 23, 19 30.

20. UNDERTAKER Wacker Heldeb — ADDRESS 2331 S. Brdwy.

H. B. 2—Every item of information should be carefully supplied. Note above. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.