

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

Do not use this space.

20643

1. PLACE OF DEATH

96 County St. Francois Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Villa Jeau (No. Villa Jeau) St. _____ Ward _____

2. FULL NAME

Waltera Riedle
 (a) Residence, No. Villa Jeau Riverside Drive 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 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) 3-28-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Baravia (STATE OR COUNTRY) 10

MOTHER 13. NAME John Riedle

14. BIRTHPLACE (CITY OR TOWN) Baravia (STATE OR COUNTRY)

15. MAIDEN NAME Catherine

16. BIRTHPLACE (CITY OR TOWN) Baravia (STATE OR COUNTRY)

17. INFORMANT Dexter M. Honan (ADDRESS) Villa Jeau - St. Francois County

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeau DATE 6-8

19. UNDERTAKER Fendler and Co (ADDRESS) 7819 Michigan

20. FILED 6/21 1932 Emma J. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1928 to June 4 1932
 I last saw her alive on 6-4-32 19____. Death is said to have occurred on the date stated above, at 8:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach met Date of onset 2
General metastasis
46B 46B
 Other contributory causes of importance: (D)

Name of operation None Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Albert A. Denk M. D.
 (Address) 5301a Eastern Ave

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. JUL 27 1932

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

