

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

Do not use this space.

24193

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Ernest Primary Registration District No. 4003  
City..... St. Louis (No. Christian Hospital)

File No. ....  
Registered No. 6304  
St. .... Ward)

**2. FULL NAME**

Albert G. Riedell  
(a) Residence, No. 6638 Washington St. 9 Ward. St. Louis, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Exec. Sec. American Institute of Banking</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>256</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 1932</u>	
	11. Total time (years) spent in this occupation <u>5 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton, Mo.</u>		
FATHER	13. NAME <u>Ernest Riedell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Louise Bohmhammer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Laonie E. Riedell 512 Maple Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>July 9, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Bluedmeyer &amp; Sons 3934 N. 29th St.</u>		
20. FILED <u>L-8-1932</u> <u>W. J. Stark</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1932

22. I HEREBY CERTIFY, that I attended deceased from No Physician 19, to 19

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related cause of importance were as follows:  
Gun Shot Wound Head received while cleaning Rifle at Residence  
Accident

Other contributory causes of importance:  
184 184

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 7-7, 1932  
Where did injury occur? Newman City, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shot from rifle  
Nature of injury Gun shot Wound Head

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) J. W. Kermer M. D.  
(Address) Dep. Coroner

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 FORM ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

