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

Do not use this space.

14524

APR 28 1933

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township Cent — Primary Registration District No. — Registered No. 68
City [illegible] (No. 7217 West Park Pl. St. Ward)

2. FULL NAME Charles E. Riell
(a) Residence, No. 7217 West Park Pl. St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1849

7. AGE: YEARS 83 — MONTHS 10 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder
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) (STATE OR COUNTRY) New York.

FATHER
13. NAME John Riell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) K. W. Stone 7217 West Park Pl.

18. BURIAL, CREMATION, OR REMOVAL
North PLACE Philadelphia DATE April 2 1933

19. UNDERTAKER (ADDRESS) Ky Leidner Und Co 1417 N. Market St.

20. FILED 4-2 1933 Robt J Cambruster Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19__, to April 1, 1933
I last saw him alive on April 1, 1933. Death is said to have occurred on the date stated above, at 9 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs.
131	
136	
77 131	
Other contributory causes of importance:	
Interstitial Nephritis	8 mo. ago
Arterio-Sclerosis	3 year

Name of operation — Date of —
What test confirmed diagnosis? clinical 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) [signature], M. D.
(Address) 453 N. Taylor

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

MARGIN RESERVED FOR BINDING

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.

453 [illegible]