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.

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 File No. 21710

Township ..... Primary Registration District No. 1003 Registered No. 5510

City St Louis Mo (No. 4971 Milentz Ave St. ..... Ward)

2. FULL NAME William Riemann

(a) Residence, No. 4971 Milentz St., ✓ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9-1860

7. AGE YEARS 73 MONTHS 4 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Geo Riemann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10 MOTHER
15. MAIDEN NAME J Latour
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

9 17. INFORMANT (ADDRESS) Sophia Riemann 4971 Milentz

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews Cem DATE June 26, 1933

19. UNDERTAKER (ADDRESS) John L Zugenheim & Sons 7027 Gravois Ave

20. FILED JUN 25 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/22/33, 19..., to 6/22/33, 19...

I last saw him alive on 6/22, 1933. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
139 Heat Exhaustion	6/15/33
133A Pyelonephrosis	Chronic
135A	

Other contributory causes of importance:
cystotomy 6/2/33
prostectomy 6/13/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Physical Consultation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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?
If so, specify

(Signed) S E Benes, M. D.

(Address) 2202 So Broadway