

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

Do not use this space.

21801

1. PLACE OF DEATH

County..... Registration District No. 701
 Township St. Louis Mo. Primary Registration District No. 2904 Cherokee St.
 City St. Louis Mo. (No. 2904 Cherokee St.) St. _____ Ward _____

File No. _____
 Registered No. **5608**
 St. _____ Ward _____

2. FULL NAME

Shirley Mildred Riess
 (a) Residence, No. 2904 Cherokee St. 24 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>April 6th 1930.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>3.</u>	MONTHS <u>2</u>
	DAYS <u>18.</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>Child</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
MOTHER FATHER	13. NAME <u>Harry Riess</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>	
	15. MAIDEN NAME <u>Elizabeth Schwartz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT <u>Miss Elizabeth Riess</u> (ADDRESS) <u>2904 Cherokee</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>June 27th 1933</u>		
19. UNDERTAKER <u>Aug. Brockland & Co.</u> (ADDRESS) <u>1421 9th St.</u>		
20. FILED <u>6614 21 1933</u> <u>J. F. Biedeck</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22 1933 to June 24 1933
 I last saw fer alive on June 24 1933. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

9 Whooping Cough Date of onset May 22/33
107 Pertussis
115 A
 Other contributory causes of importance:
Bronchus Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) H. P. Gravel M. D.
 (Address) 2905 Cherokee St.

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.

