

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

Do not use this space.

34885

File No. \_\_\_\_\_  
Registered No. 9062  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 10035  
City St. Louis Mo (No. 5227, Griffith Ave)

**2. FULL NAME** Albert Riesenwelder

(a) Residence, No. 5227 Griffith St. 6 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1863

7. AGE YEARS <u>69</u>	MONTHS <u>9</u>	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>South Brass Co.</u>
	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) Memphis Miss

MOTHER FATHER 13. NAME Chas Riesenwelder

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

15. MAIDEN NAME Theresa Pissius

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

17. INFORMANT Hattie Stowell  
(ADDRESS) 5227 Griffith Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Miss DATE Oct 21 1933

19. UNDERTAKER Cambuster and Co  
(ADDRESS) 4234 Manchester Ave

20. FILED 20 1933 19 J. F. Brebeck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1933 to Oct 19 1933  
I last saw him alive on Oct 19 1933. Death is said to have occurred on the date stated above, at 10:10 P.M.

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

Acute cardiac Dilatation Date of onset 10-19-33  
93C  
11.8°C  
19.5°C  
Other contributory causes of importance:  
Acute Gastritis Cause by food 9-33  
Chronic myocardial Dilatation 6 mos

Name of operation None 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 No.

(Signed) Richard K. Stowell, M. D.  
(Address) 2864 1/2 Union Bl., St. Louis, Mo.

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.

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

NOV 10 1933

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