

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

Do not use this space.

41606

1. PLACE OF DEATH

County.....

Registration District No. 787

File No. 10626

Township.....

Primary Registration District No. 1000

Registered No. 10626

City St. Louis (No. City Hosp.)

St. 11 Ward

2. FULL NAME

(a) Residence, No. 3827 Pennington St. 11 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 3 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 1868

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S

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) St. Louis Mo

13. NAME John J Riegert

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

15. MAIDEN NAME Catherine Anshuber

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

17. INFORMANT (ADDRESS) Hosp. City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Gion's DATE Dec 13 1933

19. UNDERTAKER (ADDRESS) Th. F. Pascheda, 2825 N. Grand

20. FILED Nov 1 1933 J. S. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-2 1933 to 12-11 1933

I last saw him alive on 12-11 1933. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Bronchial Pneumonia } Date of onset 12-9-33
Chronic Myocarditis }
Hypertension }
930
1074
102

Other contributory causes of importance: 930

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?.....

If so, specify

(Signed) Reginald Hines, M. D.

(Address) City Hosp.

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.

PERMANENT RECORD

JAN 26 1934

757

