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.

34360

OCT 11 1934

ISOLATION HOSPITAL

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 9155

City St Louis ~~Mo~~ (No. ....., ..... St. ..... Ward)

2. FULL NAME George Riel

(a) Residence, No. rear 1918 Cherokee St., 24 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1927

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 89B

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 73R

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

FATHER

13. NAME George John Riel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

MOTHER

15. MAIDEN NAME Bertha Mae Landers

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

17. INFORMANT (ADDRESS) Stella Grady 5600 Arsneal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE Sept. 15 - 1934

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee St.

20. FILED SEP 13 1934 J. S. Bredeck Registrar.

## 5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29 1934 to Sept 13, 1934

I last saw him alive on Sept 13, 1934. Death is said to have occurred on the date stated above, at 1 53 A.m.

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

| | Date of onset |
|---|---|
| Pertussis | |
| Banti's Disease | |
| Cellulitis of Face & Neck | |
| Other contributory causes of importance: | |
| Acute Mastoiditis, Left | |
| Otitis Media, Bilateral | |

Name of operation Mastoidectomy Date of 7-19-34

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? No (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) John Eschenbrenner, M. D.

(Address) ISOLATION HOSPITAL