

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.

MAR 5 1935

791

1003

7331

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp. **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** (No. **3961** **Labadie Ave.**) St. Ward)

File No.
 Registered No. **1756**
 St. Ward)

2. FULL NAME

(a) Residence, No. **3961** **Labadie Ave.** St. **10** Ward.

(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 **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **anna Riemes**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 3-1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 17

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

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

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) **alsace-Lorraine**

13. NAME **Jerome Riemes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **alsace Lorraine**

15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **alsace-Lorraine**

17. INFORMANT (ADDRESS) **Charles Riemes 3961 Labadie ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 23 1935**

19. UNDERTAKER (ADDRESS) **Culligine 13703 1710 N. 9th St**

20. FILED **FEB 21 1935** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 20** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 27th** 19**35** to **Feb. 20th** 19**35**

I last saw him alive on **Feb. 20th** 19**35** Death is said to have occurred on the date stated above, at **5:10 P. M.**

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

Stenoplegia (Left side) result of cerebral hemorrhage Date of onset **1/26**

Other contributory causes of importance: **arteriosclerosis** **gem**

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

What test confirmed diagnosis?..... 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 **4**, 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 **Fainted at work 1/26/35**

Nature of injury **hemiplegia next day**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify **Arthur J. Jundlach M. D.**

(Signed) **Arthur J. Jundlach M. D.** (Address) **2202 Locust St**

