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.

JUL 12 1935

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

Do not use this space.

21225

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. En Route to Hosp. ..... St. ..... Ward)

File No. .....

Registered No. 5160

2. FULL NAME Robert C Riehl

(a) Residence, No. 7053 Glades Ave. 4 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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29. 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
25	7	13	

OCCUPATION

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

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) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME James G. Riehl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

MOTHER

15. MAIDEN NAME Maggie Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Mo.

17. INFORMANT (ADDRESS) Maggie Lewis 7053 Glades ave St Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Mathews DATE Fri June 15 1935

19. UNDERTAKER (ADDRESS) JAY B SMITH FUNERAL HOME 7456 Manchester & Maplewood

20. FILED JUN 13 1935 19 J. S. Biedeck Registrar. 6/13/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:25 A.m.

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

Haemorrhage into chest, fracture ribs, clavicles, sternum reid when auto in which deceased was a passenger collided with pole and over turned.

Date of onset 218

Other contributory causes of importance: 194 b 210 M

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

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accid. Date of injury 6/12, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Street

Manner of injury auto overturned, after hitting

Nature of injury pole.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harold P. Schulz, M. D.

(Address) Ogden

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