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.

DEC 12 1935

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

Do not use this space.

37837

791

1003

File No. 9814

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3907 Connecticut St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Bernard J. Riefling

(a) Residence, No. 3907 Connecticut, 16 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: 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: Jane.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29-1860

7. AGE: YEARS 74 MONTHS 11 DAYS 23 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

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): Germany

FATHER

13. NAME: John N. Riefling

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

MOTHER

15. MAIDEN NAME: Christina Meinhardt

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

17. INFORMANT (ADDRESS): Jane Riefling, 3907 Connecticut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 11-25 1935

19. UNDERTAKER (ADDRESS): Peetz Bros. 3029 Lafayette

20. FILED NOV 23 1935 19 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22 1935

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1935, to November 22, 1935

I last saw him alive on November 22, 1935 Death is said to have occurred on the date stated above, at 12 a m.

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

Cerebral hemorrhage with left hemiplegia
Myocarditis, chronic c decompensation
Hypertension.

Date of onset

Other contributory causes of importance: Arteriosclerosis.

93C

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) Y. L. Krause M. D.

(Address) 3720 Washington Blvd.,

Dr. G. L. Kraus.
3720 Washington
Je. 6111
Beaumont Building