

JUL 27 1936

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

Do not use this space.

24179

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township Central

Primary Registration District No. 60339

City Clayton

(No. St. Louis County Hospital)

File No.

Registered No. 243

St. _____ Ward _____

2. FULL NAME RIEBELING, Martha

(a) Residence, No. 6418 Chatham Ave St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 11 3

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

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

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

13. NAME Lawrence Bollin

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

15. MAIDEN NAME Regina Meyer

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

17. INFORMANT Mrs. Amelia King
(ADDRESS) 6418 Chatham Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE July 2 1936

19. UNDERTAKER Geo. L. Pleitsch Inc.
(ADDRESS) 15966 Easton Ave

20. FILED 7/2 1936 Dr. J. Guoralli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1936, to 6/30, 1936

I last saw her alive on 6/30, 1936. Death is said

to have occurred on the date stated above, at 1:00 a.m.

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

Date of onset

Myocardial Insufficiency, Congestive

Other contributory causes of importance:

Large Ventricular Hernia

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 _____, 1936

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) Joseph J. King, M. D.

(Address) St. Louis Co. Hosp.

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.

