

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.

26 460-a

AUG 24 1936

1. PLACE OF DEATH

County Jackson
Township Paris
City St. Louis (No. Memorah Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3119
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 420 E. Armour St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Mrs. Lora Rieger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7-1870

7. AGE YEARS 66 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Austria-Hungary

13. NAME Jacob Rieger

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

15. MAIDEN NAME Un known

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

17. INFORMANT (ADDRESS) Nathan Rieger 3639 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE July 3 1936

19. UNDERTAKER (ADDRESS) Magner Funeral Home 204 N. Duwood

20. FILED July 2 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to July 1 1936

I last saw him alive on July 1 1936 Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Coronary thrombosis 4 yrs.
Chronic myocarditis 4 yrs.

Other contributory causes of importance: _____
935

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) Chas. Schaefer, M. D.
(Address) 1405 Bryant Bldg

Dr. Joseph ...
Bryant Bq

Vr 1311

Dr. Charles

Bryant Bq

Vr 1311