

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. St. Anthony Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 17984
Registered No. 4560
St. Ward)

2. FULL NAME Mr. Fred Riekemann

(a) Residence, No. 1920a Penn Street St. 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. 6 mos. 24 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 Mrs. Elizabeth Riekemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 6 24

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

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) April 28, 1937 (I. Total time (years) spent in this occupation) 36 yrs.

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

13. NAME Carl Riekemann

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

15. MAIDEN NAME Sophie Wehkin

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

17. INFORMANT (ADDRESS) Mr. Alvin Evers, 1920a Penn St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE May 3, 1937

19. UNDERTAKER (ADDRESS) Beidervieden Funeral Home, Inc., 1936 St. Louis Avenue

20. MAY 3 - 1937 (Address) J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30th, 1935 to April 30th, 1937

I last saw him alive on April 30th, 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Gastric Ulcer Perforated. Date of onset

Other contributory causes of importance: Embolic of Liver 2 yrs.

Name of operation Thrombectomy 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? 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) Albert Beidervieden, M. D.
(Address) 3548 S. Grand Bl.

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.

2182

Mr. H. J. ...
...

10-12