FEB 12 1938

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

848
Do not use this space.

791 2/1

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 704
(c) City St. Louis. (d) Street No. 5523 Devonshire Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stephen Riiff 100
(a) Residence, No. 5523 Devonshire Ave. St. 14
(Usual place of abode, if no street address, write county or city) (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: Frieda Riiff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11, 1868

7. AGE: YEARS 69 | MONTHS 1 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Chef
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired 6yrs.
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): AlSace Lorraine 7

FATHER
13. NAME: Joseph Riiff 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace Lorraine 9

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Frieda Riiff 5523 Devonshire Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter and Paul Co. DATE Jan. 21, 1938

19. FUNERAL DIRECTOR (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED JAN 20 1938 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-29-37, 19..., to 1-18, 1938
I last saw him alive on 1-18-38, 19..... Death is said to have occurred on the date stated above, at 1035 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
c̄ left sided paralysis 7/29/37

Other contributory causes of importance:

Name of operation Love 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 ....., 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?
If so, specify .....
(Signed) O. C. Pfeifer, M. D.
(Address) 1523 S Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)