

REC'D APR 11 1938

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

9274

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City..... **St. Louis** (d) Street No. **4731 Virginia Ave.** Registered No. **2863**
(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

George Peter Riemann 550
(a) Residence, No. **4731 Virginia Ave.** St. **15** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 22nd. 1857**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Painter**
9. Industry or business in which work was done, as 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) **St. Louis Mo.**

FATHER 13. NAME **Philip Riemann**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Eliz. Lature**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Sophie Eckert**
(ADDRESS) **4731 Virginia Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Mch. 28th. 38**

19. FUNERAL DIRECTOR **William Schumacher**
(ADDRESS) **3013 Meramec Street.**

20. FILED **MAR 26 1938** **J. D. Brecht** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mch. 24th. 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 17th, 1938 to March 24th, 1938**
I last saw him alive on **March 24th, 1938**. Death is said to have occurred on the date stated above, at **4:45 pm**.

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

acute obstruction of bowels
ascension of Riemann
Other contributory causes of importance:
ascension of Riemann

Name of operation..... Date of.....
What test confirmed diagnosis? **PM + Sat** 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?.....
If so, specify.....
(Signed) **Frank H. Meyer** M. D.
(Address) **466 1/2 Virginia Ave.**

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.

STATEMENT BY LICENSED EMBALMER

I, FRED W. WETTIG, Licensed Embalmer No. 1534

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

Fred W. Wettig

Licensed Embalmer No. 1534

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.)