

DEC 12 1938

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

37232  
Do not use this space.

1003

9559

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. ....  
(b) Township ..... 1 Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 3906 N. 22nd St. St. ....  
(e) Length of residence in city or town where death occurred 66 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

145 Charlotte Riebeling  
(a) Residence, No. 3906 N. 22nd St. St. 20 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wife of Christ Riebeling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 6 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Germany 6

13. NAME Herman Kamposmith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT Christ Riebeling  
(ADDRESS) 3906 N. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freidens Cem. DATE Nov. 3, 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons  
(ADDRESS) 3934 N. 20th St.

20. FILE NOV 3 1938 J. J. Bedeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Nov 1, 1938

I last saw her alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

chronic Myocarditis  
ABC  
Other contributory causes of importance:  
from pneumonia and  
respiratory tract infection

Date of onset

Name of operation None Date of None  
What test confirmed diagnosis? Clinical 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? No  
If so, specify \_\_\_\_\_ (Signed) William Bechtel, M. D.  
(Address) 1918 East 9th St.

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, Geo. P. Schubert

Licensed Embalmer No. 2212

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

**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.)**