R 23 1939

REC'D MAY 11 1939

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

16100
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784

(b) Township Primary Registration District No. 109 Registered No. 726

(c) or City Maplewood (d) Street No. Maplewood Nursing Home 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.

400

2. PRINT FULL NAME Ida M. Riel

(a) Residence, No. 7465 Hazel St. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Riel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81	1	6	

OCCUPATION
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) Peoria Ill.

FATHER
13. NAME Samuel Halstead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Polly Dawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn.

17. INFORMANT (ADDRESS) Theo. F. Riel 7465 Hazel

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE April 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jay B. Smith 7456 Manchester

20. FILED APR 23 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 1930, to April 21, 1939

I last saw her alive on April 21, 1939. Death is said to have occurred on the date stated above, at 11 P. m.

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

	Date of onset
Senility	
Coronary Myocarditis	
93	
Other contributory causes of importance:	
Arterio Sclerosis	93
Hemiplegia	8 days ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical ... 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) A. M. Krall, M. D.

(Address) 2704 Cass Ave

(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.

K.U

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.