

Registration District No. **2011** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1008**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis** c **1**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Anthony's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **One Day**  
In this community **70 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Christina Riedweg 32**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Gottlieb Riedweg** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Feb 10 1869**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_  
12. Name **Unknown** 9  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown** 1  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Edward Riedweg**  
(b) Address **3308 Arsenal St**

17. (a) **Burial** (b) Date thereof **Sep. 6. 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **Wacker-Halderte**  
(b) **SEP 5 1939** **2331 S. Broadway**

19. (a) **SEP 5 1939** (b) **J.P. Brudick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **1**  
(c) City or town **St. Louis** **16**  
(If outside city or town limits, write "RURAL")  
(d) Street **3308 Arsenal St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **3rd.**  
year **1939** hour **8** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Aug 2. 1939**  
**August 2, 1939, to September 3, 1939;**  
that I last saw him **live on Sept 3** 19 **39;**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**① Rhoncus Myocarditis**  
**② Acute I - ③ Hypostatic Pneumonia**  
Due to **Advanced age, "senility"**  
**carditis non specified**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: **108**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature **Julius Ch...** (M. D. or other)  
Address **2603 Cherokee St** Date signed **9/5/39**

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.

RECORD & PERMANENT RECORD

**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.....

*Robert Wheeler*

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

working under my personal supervision.

Signed *Robert Wheeler* .....

Licensed Embalmer No. *2178* .....

P. O. Address. *St. Andrews* .....

**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.)**

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