

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44619
Registrar's No. 2335

Registration District No. 284 Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2652 Hord Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Henry Riemann

8. (b) If veteran, * --- name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 4 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fred Riemann

18. Birthplace Obrock Germany
(City, town, or county) (State or foreign country)

14. Maiden name Obrock

15. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Arthur Kress

(b) Address 2652 Hord Ave

17. (a) Burial (b) Date thereof Jan 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) 1 1940 (b) Dr. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Louis
 (c) City or town Jennings
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2652 Hord Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
 1939 year 5:40 hour A minute _____ M.

21. I hereby certify that I attended the deceased from NOV. 25, 1939, to DEC. 30, 1939, that I last saw him alive on Dec. 30, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 2 Mo.

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

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) (e) Manner of injury _____

23. Signature James H. Cook (M. D. or other) _____
 Address 5536 Roblin St. Date signed 1/2/40

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.....

[Handwritten Signature]

Licensed Embalmer No.

3737

P. O. Address.....

1936 H. Jones

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.