

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.

FILED MAR 12 1940

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

6833  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
(b) Township Acadia Primary Registration District No. 4230 Registered No. \_\_\_\_\_  
(c) City Ironton (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

MARIA ANNA Rieke  
(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Rieke  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1859  
7. AGE YEARS 80 MONTHS 2 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Farmington, Mo  
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME Charles Ebrecht

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

MOTHER 15. MAIDEN NAME Henrietta Thiele

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

17. INFORMANT Ernest A. Rieke  
(ADDRESS) Ironton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Middlebrook DATE Feb 25 1940

19. FUNERAL DIRECTOR Rieke & Richardson  
(ADDRESS) Ironton, Mo

20. FILED Mar-9, 1940 Julia A. Hunter  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1940  
22. I HEREBY CERTIFY, That I attended deceased from Feb. 22nd, 1940, to Feb. 23rd, 1940.  
I last saw her alive on Feb. 23, 1940. Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:

acute cardiac failure

Date of onset 2/23/40

Other contributory causes of importance: chronic myocarditis  
Senility

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) R. E. Harland, M. D.  
(Address) Ironton, Mo.

STATEMENT BY LICENSED EMBALMER

I, Paul Deigal, Licensed Embalmer No. 4120  
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 Paul Deigal  
Licensed Embalmer No. 4120

**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.)**