

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2540

Registration District No. 303

Primary Registration District No. 2492

Registrar's No.

37
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Hermann
(c) Name of hospital or institution: Goethe St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 74 years
In this community: 74 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: CLARA LOUISE RIEK
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: C. A. Riek
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: Mar 16 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 26
If less than one day hr. min.

9. Birthplace: Hermann Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife (Home)

11. Industry or business: Henry L. Heckmann

12. Name: Henry L. Heckmann
13. Birthplace: Unknown U. S.
(City, town, or county) (State or foreign country)

14. Maiden name: Wilhemina Koeller
15. Birthplace: Unknown U. S.
(City, town, or county) (State or foreign country)

16. (a) Informant: C. A. Riek
(b) Address: Goethe St., Hermann, Mo

17. (a) Burial (b) Date thereof: 1 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Hermann City Cemetery

18. (a) Signature of funeral director: Hugo H. Blumer
(b) Address: Hermann, Mo

19. (a) 1-13-41 (b) Anna Riekhoff
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11
year 1941 hour 12 minute P M.

21. I hereby certify that I attended the deceased from Jan. 5, 1941, to Jan. 11, 1941, that I last saw her alive on Jan. 11, and that death occurred on the date and hour stated above.

Immediate cause of death: Uteralia Hemorrhage

Due to: _____
Due to: _____
Other conditions (include pregnancy within 3 months of death): _____

Major findings: _____
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? _____
274 (Specify type of place)
While at work? _____ (e) Means of injury: _____

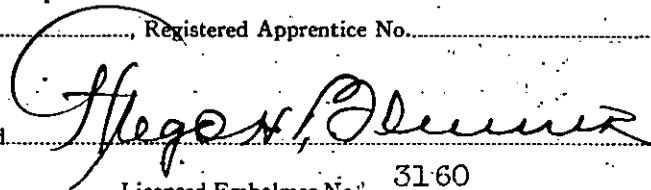
23. Signature: E. H. Langhille (M. D. or other)
Address: Hermann Mo Date signed: 1/13-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....



Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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, fact should be so stated above.