

7345
No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13161

FILED MAY 13 1941

Registration District No. 7014

Primary Registration District No. 1003

Registrar's No. 3591

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 Mo. 6 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17 24
(d) Street No. 2821 Oregon
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25,
year 1941 hour 5:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from March
19, 1941 to April 25, 1941
that I last saw him alive on April 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Due to _____
Due to _____

Other conditions Malnutrition
(Include pregnancy within 3 months of death)
Cause unknown

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
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) Means of injury _____
23. Signature W. M. F. [unclear] (M, D. or other) _____
Address 1515 Lafayette Avenue Date signed 4/25/41

3. (a) PRINT FULL NAME John Rieken
3. (b) If veteran, name war none
3. (c) Social Security No. 488-09-1703

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Rieken 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April 20 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Rieken
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Margarete Schandan
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Rieken
(b) Address 2821 Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41
(Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) APP 26 1941 (Date received local registrar) (b) J. T. Bredsch (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address.....

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.