

FILLED JUN 16 1941
735

Registration District No. 735

Primary Registration District No. 3034

1. PLACE OF DEATH: Randolph
 (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 817 So. Clark
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Valentine Riegel
 3. (b) If veteran, name war _____ 3. (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 Oct. 21st. 1854
 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 2 If less than one day
 hr. _____ min. _____

9. Birthplace Alsace Lorraine
 (City, town, or county) (State or foreign country)
 10. Usual occupation Real Estate & Insurance
 11. Industry or business Self

MOTHER FATHER
 12. Name Anthony Riegel
 13. Birthplace Alsace Lorraine
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Hirtzlin
 15. Birthplace Alsace Lorraine
 (City, town, or county) (State or foreign country)

16. (a) Informant Jerome A. Riegel
 (b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof May 25th-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son
 (b) Address Moberly, Mo.

19. (a) May 25-41 (b) Leah Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph 88
 (c) City or town Moberly 6
 (If outside city or town limits, write "RURAL") 3
 (d) Street No. 817 So. Clark
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 70 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd.
 year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June
 1940, to May 23rd, 1941.
 that I last saw him alive on May 23, 1941.
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Rel. extension

Due to 924

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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?
625 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature M. H. Williams (M. D. or other) 0
 Address 819 W. Reid St. Date signed 5-25-41

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

NOV 1 1947

JUL 2 1947

DEC 4 1957

RECEIVED

District Health Officer No. 10

District File Number 6-41-1079

Date Filed JUN 12 1941

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 Frank D De Wit

Licensed Embalmer No. 3021

P. O. Address Proberly

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.