No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30180

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7519

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3227 N Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution N/A (Specify whether)

In this community 49 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 099

(c) City or town ST. LOUIS MO 26 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3227 N. BROADWAY 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM RIEMAN

3. (b) If veteran, name war

3. (c) Social Security No. 492-10-8082

4. Sex MALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ MINNIE RIEMAN

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased JAN. (Month) 16 (Day) 1884 (Year)

8. AGE: Years 57 | Months 8 | Days 0 | If less than one day ____ hr. ____ min.

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

10. Usual occupation UNEMPLOYED

11. Industry or business

FATHER
12. Name JOHN RIEMAN
13. Birthplace GERMANY (City, town, or county) X (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Minnie Rieman
(b) Address 4605 N. 20th

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 18-1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FRIEDENS

18. (a) Signature of funeral director Suedmeyer + Son
(b) Address 3934 N. 20th

19. (a) SEP 17 1941 (Date received local registrar) (b) J. T. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 16 year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Nephritis
Due to Arteria Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F. Callan (M. D. or other)
Address Deputy Coroner Date signed 9/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.