

No. 2
-13-40
17-39
X23159

FILED NOV 24 1941

Registration District No. Primary Registration District No.

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: CITY HOSPITAL - D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME. PHILIP. RIESER.

3. (b) If veteran, name war. NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced. DIVORCED

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. MAR. 24 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation. TUCK POINTER.

11. Industry or business. SELF

12. Name VALANTINE RIESER.

13. Birthplace. MAXVILLE MO
(City, town, or county) (State or foreign country)

14. Maiden name. MARY BURCHARDT.

15. Birthplace. MAXVILLE MO
(City, town, or county) (State or foreign country)

16. (a) Informant. KATE WEBER

(b) Address. 5203 WEBER. RD.

17. (a) BURIAL (b) Date thereof. 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. SUNSET BURIAL PARK

18. (a) Signature of funeral director. J. P. Finkbeiner

(b) Address. 7128 Michigan St

19. (a) OCT 7 1941 (b) J. Ruedrich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....

(c) City or town. ST LOUIS. 24 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3838 So. BROADWAY
(If rural, give location)

(e) Not attending Physician
(If foreign born, how long in U. S. A.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct. day 5
year 1941 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured ribs Laceration of the Right Lung Structural Hemorrhage of the Medulla
When he was struck by the Carver on the right side of a Oil Truck Driven by one Harry J. Fox in front of 3602 S. Broadway about 12:45 am 10/5/41

Other conditions (Include pregnancy within 3 months of death)

Major findings: 170 C-1

Of operations.....

Of autopsy 170 21 7-10

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Accident

(b) Date of occurrence. 10/5/41

(c) Where did injury occur? at home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)

While at work?..... (e) Means of injury. D

23. Signature W. J. Terry (M. D. or other) D

Address 1245 S. Broadway Date signed 10/7/41

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Signed.....

Joseph P. Mueller Jr.
.....
Licensed Embalmer No. *925*
.....
P. O. Address *ST LOUIS*
.....

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.