

FILLED NOV 14 1941
Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph City

(c) Name of hospital or institution: Mrs. Nick Wilhelm
1319 Pacific St. Nursing home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years.
(Specify whether
In this community 70 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1319 Pacific St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William F. Riedal

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 30 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>29</u>	hr. min.

9. Birthplace Jeffersonville / New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Printer

11. Industry or business Unknown

MOTHER FATHER { 12. Name Frederick Riedell

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Rose

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Coots

(b) Address 803 Garden St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. Silyradov

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Oct. 30, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th
year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-2, 1941
to 10-29, 1941

that I last saw him im alive on 10-27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease

Due to Arricular Fibrillation
Angina Pectoris
Chronic nephritis
without edema

Other conditions —
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations —

Of autopsy —

131a

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 [Signature] (M.D. or other) M.D.
Address [Address] Date signed 10-30-41

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.....

Albert P. Harrington

Licensed Embalmer No..... *3258*

P. O. Address..... *St. Joseph, 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.