V. S. No. 2
50M—1-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36001

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2152

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. 17 days (Specify whether

In this community ~~life~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Valley Park (If outside city or town limits, write "RURAL")

(d) Street No. Ries Rd. near Hi. 50 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

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0

3. (a) PRINT FULL NAME Walter Ries

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex male 0

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 Dec. (Month) 18 (Day) 1882 (Year)

8. AGE: Years 58 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John William Ries
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Rosetta Bete
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Anna Peterson

(b) Address Valley Pk., Mo. Rt.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem.

18. (a) Signature of funeral director Schrader Fun. Home

(b) Address Ballwin, Mo.

19. (a) OCT 23 1941 (Date received local registrar) (b) C. G. McGarvan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-4-41, 19 to 10-21-41, 19; that I last saw him alive on 10-21-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~[illegible]~~ cerebral anoxemia c̄ resp failure	1 day
Due to debilitation - anemia	6 mo.
Due to fibrosarcoma c̄ metastases (testicle primary)?	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5/C
Of autopsy Large central & abdominal mass (fibrosarcoma)

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 0

23. Signature [illegible] (M. D. or other) [illegible]

Address St. Louis County Hosp. Date signed 10/22

(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 Harry Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin 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.