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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36136

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2172

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 8/25/41 (Specify whether

In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3624 Lierman Avenue (If rural, give location) 9

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

If yes, name country - 0

3. (a) PRINT FULL NAME George J. Rieth

3. (b) If veteran, name war World

3. (c) Social Security No. -

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Estelle

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

7. Birth date of deceased August (Month) 28, (Day) 1890 (Year)

8. AGE: Years 51 Months 1 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business -

FATHER
12. Name Jacob Rieth
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Sigmund
15. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Alice Selvaggi

(b) Address Acting Clinical Clerk, VAF, J.B., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Hacker-Helderle Hand & L Co

(b) Address 3634 Gravois Ave.

19. (a) OCT 25 1941 (Date received local registrar) (b) E. G. McGarvin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th, year 1941 hour 1:18 minute p. M.

21. I hereby certify that I attended the deceased from August 25, 1941, to October 24, 1941 that I last saw him alive on October 24, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma, bronchogenic.	Unknown
Due to	
Due to	

47C

Other conditions Cerebral neoplasm (metastatic) (Include pregnancy within 3 months of death) with hemiplegia (rt.) spastic.

Major findings:
Of operations -
Of autopsy No 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) no

(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

23. Signature L. M. COCHRAN, M.D. (M. D. or other) D

Address Chief Medical Officer. Date signed 10/24/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1941

JUL 8 - 1943

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.