

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: 3112 Hawthorne Blv'd.  
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3112 Hawthorne Blv'd.  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME ANNA HAASE RIESMEYER.  
(b) If veteran, name war none.  
(c) Social Security No. none.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 22nd year 1942 hour 3:15 minute 11 M.

4. Sex Female. Color or race White.  
5. (a) Single, widowed, married, divorced, Widowed.  
6. (b) Name of husband or wife Gustav Riesmeyer.  
6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased October 23, 1858.

21. I hereby certify that I attended the deceased from April 11, 1942 to May 22, 1942 that I last saw him alive on May 22, 1942 and that death occurred on the date and hour stated above. Immediate cause of death Thrombosis of cerebral vessels

8. AGE: Years 83. Months 6. Days 29. If less than one day hr. min.

Due to Asthenia + Hemiplegia (upper) Due to Thrombosis. Other conditions from cerebral thrombosis

9. Birthplace St. Louis, Missouri.  
10. Usual occupation At Home.

Major findings: Of operations: 83 M. Of autopsy: 12. Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name August Haase.  
13. Birthplace Germany.  
14. Maiden name (Unknown) Spinzig.  
15. Birthplace Germany.

16. (a) Informant Gustav R iesmeyer.  
(b) Address 3112 Hawthorne Blv'd.  
17. (a) Cremation. (b) Date thereof 5/25/1942.  
(c) Place: burial or cremation Valhalla Crematory.  
18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address #7233 Delmar Blv'd.  
19. (a) MAY 25 1942 (Date received local registrar)  
(b) (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: L. H. ... (M. D. or other)  
Address: 303 ... Date signed: 5/27/42

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

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17  
9

3538 Riverside - 0027

1 3720  
JE-6284  
2 3 P.M.  
working but

4510

4510

**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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 168-89  
Registrar's No. 4510

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Anna Halse Riestmeyer

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,  
divorced W

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Oct - 23 - 1899  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 17 If less than one day  
min.

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

MOTHER FATHER

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) \_\_\_\_\_ (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Oct 17 1942 (b) J. F. Predeck  
(Date of recording) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3112 Hawthorne Blvd  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1942 hour \_\_\_\_\_ minute 15P

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

SUPPLEMENTARY

1942

S-16589

