

S. No. 2
 DM-5-42
 v. 5-17-39
 P-1 X32873

39231

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

filed JAN 14 1943 318

Registration District No. Primary Registration District No. 100-2

Registrar's No. 96

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:
2223 N. Broadway.
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County.....
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 2223 N. Broadway
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Frank Riefle Jr.
 3. (b) If veteran, name war No.
 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 3
 year 1943 hour 12:45 A.M. minute..... M.
 21. I hereby certify that I attended the deceased from Dec. 30,
1942, to January 4, 1943,
 that I last saw him alive on January 3, 1943,
 and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
Uremia Duration 3 days
 Due to cardio-renal disease 1 yr.

7. Birth date of deceased May 11 1921
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
21 7 23 ..hr.min.

Due to 131a
 Other conditions Involunt since birth
(Include pregnancy within 3 months of death)
Analgesics from birth
 Major findings: injury PHYSICIAN
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)
 10. Usual occupation Invalid.
 11. Industry or business.....

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.....

MOTHER FATHER
 12. Name Frank Riefle.
 13. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Clara Thomas.
 15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
 16. (a) Informant Clara Riefle.
 (b) Address 2223 St. Louis Ave.
 17. (a) Burial. (b) Date thereof 1-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cem.
 18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) JAN 5 1943 (b) J. F. Brudeck
(Date received at local registrar) (Registrar's signature)

23. Signature Arthur S. Swenson (M. D. or other) M.D.
 Address 2207 University St. Date signed 1/5/43

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

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 John P. Buckley

Licensed Embalmer No. 1674

P. O. Address: 3225 So. Lewis Ave.

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.