

FILED JAN 15 1943

Primary Registration District No. 111

Wood

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

1. PLACE OF DEATH:

(a) County St Louis

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

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

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul Irvin Riebold

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife

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

7. Birth date of deceased December 21 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 hr. min.

9. Birthplace Richmond Heights mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Erwin Albert Riebold

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

14. Maiden name St. Carene Palys

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

16. (a) Informant Erwin Albert Riebold

(b) Address 1730 W. Woodbine Kirkwood mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12/23/42
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Louis H. Bueppel

(b) Address Kirkwood mo

19. (a) DEC 23 1942
(Date received local registrar)

(b) E. L. McFarland
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 1730 W. Woodbine
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 5 minute 45 AM

21. I hereby certify that I attended the deceased from Dec 21 1942 to Dec 23 1942
that I last saw him alive on Dec 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Birth injury

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?

While at work? (Specify type of place) (e) Mans of injury 0

23. Signature W. O. Sturges (M. D. or other) md

Address Kirkwood mo Date signed 12-23-42

Duration

3 days

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

160°C

707

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.....

working under my personal supervision.

was not embalmed

Registered Apprentice No.....

Signed *John M. Meyer*.....

Licensed Embalmer No. *3287*.....

P. O. Address *Herkland, 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.

NOV 11 1966