

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1946

1. PLACE OF DEATH:

(a) County St Louis Mo.
 (b) City or town 3933 Kennerly ave
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3933 Kennerly Ave. /
 (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 Fred J Riegert3. (b) If veteran, _____
name war _____ No. _____3. (c) Social Security _____
No. _____4. Sex male 5. Color or race o. e. w. 6. (a) Single, widowed, married, divorced. m /6. (b) Name of husband or wife Catherine Riegert 6. (c) Age of husband or wife if alive 52 years7. Birth date of deceased Oct. 28th 1882
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
60 3 29 hr. _____ min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Steamfitter11. Industry or business unemployed12. Name (unknown)13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name (unknown)15. Birthplace Missouri (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Catherine Riegert(b) Address 3933 Kennerly Ave. /17. (a) burial (b) Date thereof 3-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter's Cemetery18. (a) Signature of funeral director Sullivan Brothers(b) Address 2849 No. Euclid19. (a) FEB 28 1943 (b) G. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
 (c) City or town St Louis Mo all
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3933 Kennerly ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1943 hour 6 minute 0 M.21. I hereby certify that I attended the deceased from 2-5- 1943, to 2-27- 1943
that I last saw him alive on 2-27- 1943
and that death occurred on the date and hour stated above.Immediate cause of death Acute Cardiac dilatation Duration 2 hrs.Due to metastatic Carcinoma ?Due to Carcinoma Larynx ?Other conditions. MI
(Include pregnancy within 3 months of death)Major findings: metastatic Carcinoma PHYSICIAN _____
Of operations. Cervical Lymph Gland, Rt.
Of autopsy. none
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Nicholas Vitale (M. D. or other) _____
Address 3861 St. Louis Ave. Date signed 2/27/43

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

MOTHER FATHER

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 Albert Mayfield
Licensed Embalmer No. 5077
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.