

FILED APR 10 1943

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 909 Geyer Avenue
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Frances V. Rieken

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred Rieken 6. (c) Age of husband or wife if alive 18 1/2

7. Birth date of deceased Unknown 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months -- Days -- If less than one day -- hr. -- min.

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

10. Usual occupation Home

11. Industry or business Gustave Spinner

12. Name Gustave Spinner 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gus Rieken (b) Address 911-B Geyer

17. (a) Burial Burial (b) Date thereof 4 3 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Thos. H. H. Hal. Co.
(b) Address 3634 Gravois Avenue

19. (a) APR 2 1943 (b) J. F. Rudeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar. 27
1943, to Mar 31 1943
that I last saw her Mar 30 alive on Mar 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septic viridans endocarditis Duration few hrs.

Due to Chronic Rheumatic heart disease many years to mitral stenosis

Due to Chronic arthritis deformans 18 yrs.

Other conditions Chronic arthritis deformans 18 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations 92
Of autopsy Rheumatic heart to vegetation on mitral valve, edema of brain

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? Cem.

While at work? (Specify type of place) (e) Means of injury 0
23. Signature W. W. ... (M. D. or other) 0
Address 3804 W. ... Date signed 3/31/43

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

MOTHER FATHER

2 to 2 of 30 PM

1/22/43

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.....

Frank J. [Signature]
Licensed Embalmer No. *21-15*
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.