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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28558

State File No.

Registration District No. 424158 Primary Registration District No. 5-5-79-5590 Registrar's No. 161

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural near ~~Dittmer Mo~~ Big River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Own home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 80 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town Rural - Big River
(If outside city or town limits, write "RURAL")

(d) Street No. Near Oermann
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LOUIS RIEMANN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M.

5. Color or race White

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

6. (b) Name of husband or wife Mary (Viehland)

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December (Month) 11 (Day) 1862 (Year)

8. AGE: Years 80 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business Own farm

FATHER
12. Name Henry Riemann 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Hess
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Edwin Weber
(b) Address Moose mill Mo

17. (a) Burial ~~Dittmer Mo~~ (Burial, cremation, or removal) (b) Date thereof 6-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Dittmer Mo.

18. (a) Signature of funeral director H Brummer
(b) Address House Springs Mo.

19. (a) Aug-2.43 (Date received local registrar) (b) A. H. Eaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1943 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 13 Apr 1943, to 7 Jun 1943 that I last saw him alive on 3 June 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature James A Townsend (M. D. or other) MD

Address House Springs Mo Date signed 6/9/43

(Licensed Embalmer's Statement on Reverse Side)

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 H Brunner

Licensed Embalmer No. 1470

P. O. Address House Springs 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.