V. S. No. 2
100M—2-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30315

FILED SEP 21 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8118

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

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: 1825 Schilds 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)

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. 1825 Schilds Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Julia Ries

3. (b) If veteran, name war No

3. (c) Social Security 492-05-6980

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 25 (Day) 1907 (Year)

8. AGE: Years 35 Months II Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name William H. Ries
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Bridget O'Brien
15. Birthplace St. Louis, MO (City, town, or county) 0 (State or foreign country)

16. (a) Informant Bridget Ries
(b) Address 1825 Schilds Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wm C. Maydell
(b) Address 1926 Allen Ave.

19. (a) SEP 13 1943 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1st 1943 to Sept 10 1943
that I last saw her alive on Sept 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

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 A Bonhaim (M. D. or other)

Address 2017 Park ave Date signed 9/11/43

(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 M L

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D M Davis

Licensed Embalmer No. 3741

P. O. Address 1826 Allen

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.