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M-2-43
5-17-38
1 X 1

33072

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 9439

NOV 10 1943

318

Primary Registration District No. 1003

14

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Emmits to City Hospital
(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 MO. (b) County 96
(c) City or town Webster Groves (If outside city or town limits, write "RURAL") NR
(d) Street No. 707 Clark (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Edward Wm. Riehl

3. (b) If veteran, name war No
3. (c) Social Security No. 488-12-3126

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

6. (b) Name of husband or wife Matilda Riehl
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MARCH 12, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 14
If less than one day .hr. min.

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

10. Usual occupation Tool Maker

11. Industry or business

12. Name Edward Riehl

13. Birthplace St. Charles Mo.
(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 Clarence Riehl
(b) Address 7605 Arlington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood

19. (a) OCT 27 1943 (Date received local registrar) J. F. Boudesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1943 hour 10:20 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arteriosclerosis A2
Due to 9/14
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) Means of injury _____
23. Signature Thomas J. Callahan (M.D. or other) 3
Address Deputy Coroner Date signed 10-27-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

014
MARCH 21 1961

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 3452

..... Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3452

P. O. Address 7456 Manchester

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.

Maplewood