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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35300

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2397

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 10/16/43 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4241 No. 21st Street.
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Eddie E. Riebeling

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 497-10-2889

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~XXXXXX~~ or wife Florence

6. (c) Age of ~~XXXXXX~~ wife if alive 39 years

7. Birth date of deceased October (Month) 25, (Day) 1898 (Year)

8. AGE: Years 44 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Guard

11. Industry or business - City Jail

FATHER
12. Name Christ Riebeling
13. Birthplace Columbia, Illinois (City, town, or county) (State or foreign country)

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

16. (a) Informant [signature]
(b) Address Actg.Cl.Clerk, VAF, Jeff.Bks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) OCT 27 1943 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th, year 1943 hour 3:50 minute p. M.

21. I hereby certify that I attended the deceased from October 16, 1943 to October 24th, 1943 that I last saw him alive on October 24th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT	
Due to MYOCARDIAL DAMAGE AND MYOCARDIAL INSUFFICIENCY.	UNKN.
Due to -	
Other conditions Chronic nephritis (nephrosclerosis). (Include pregnancy within 3 months of death)	UNKN.

PHYSICIAN

Major findings:
Of operations None.
Of autopsy None. 131a

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) 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 10/25/43

(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 Alfred J. Boehler

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.