S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40438

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10739

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: CITY HOSPITAL O (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 000 17/8
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 3231A VISTA AV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT RIEHL
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NANCY RIEHL
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased DEC (Month) 7 (Day) 1862 (Year)
8. AGE: Years 80 ~~81~~ Months 11 Days 28 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER
12. Name UNKNOWN. RIEHL
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)
MOTHER
14. Maiden name UNK.
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)
16. (a) Informant Mrs Nancy Riehl
(b) Address 3231a Vista av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av
19. (a) DEC 7 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1943 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Generalized Arteriosclerosis
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death) 9/7
Major findings:
Of operations
Of autopsy

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 J. Fitzsimmons Coroner (M.D. or other)
Address 1300 6 Park Date signed 12/6/43

844

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lexington Ave

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.