

FILED DEC 29 1943

Registration District No. **318** Primary Registration District No. **1008** Registrar's No. **11271**

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:
2051 E. Prairie Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 Years**
(Specify whether years, months or days)

In this community **40 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William A. Riehl**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Emma K. Riehl**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Dec. 28. 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 **11** **16** **hr. min.**

9. Birthplace **Millstadt, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer, Stationary**

11. Industry or business **City Water Works.**

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Unknown**
(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 **Mrs. Emma K. Riehl**

(b) Address **2051 E. Prairie Ave.**

17. (a) **Burial** (b) Date thereof **12/17/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **M. W. Stock**

(b) Address **2117 E. Grand Blvd.**

19. (a) **DEC 17 1943** (b) **J. F. Ponsick**
(Date received local registrar) (Registrar's signature)

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. **2051 E. Prairie Ave.**
(If rural, give location)

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

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**
year **1943** hour **4** minute **55** P.M.

21. I hereby certify that I attended the deceased from **Nov. 1943**
to **Dec 14**, 19**43**

that I last saw him alive on **Dec 13 -**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the kidney**

Due to **Chronic Myocarditis**

Other conditions (Include pregnancy within 3 months of death) **52**

Duration **one year**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: **Carcinoma**

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 **Nicholas Klym** (M. D. or other)

Address **1105 Suburbity** Date signed **12-15-43**

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

MAR 17 1954

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: Frank A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.