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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 42199

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: White House Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gascomade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. White House Hotel
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CONSTANCE A. RIEK

3. (b) If veteran, name war -----

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara Riek

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

7. Birth date of deceased Jan (Month) 23 (Day) 1862 (Year)

8. AGE: Years 81 Months 11 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name August Riek
13. Birthplace (City, town, or county) Unkown (State or foreign country)

MOTHER
14. Maiden name Anna Weber
15. Birthplace (City, town, or county) Unkown (State or foreign country)

16. (a) Informant O. G. Riek
(b) Address Gasconade, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) Dec. 27 1943 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1943 hour 8:00 AM minute ____ M.

21. I hereby certify that I attended the deceased from Dec 21, 1943, to Dec 26, 1943; that I last saw him alive on Dec 21, 1943, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Angina Pectoris | 5 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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 F. J. Wessling (M. D. or other)
Address Hermann, Mo Date signed 12-27-43

12 V1 (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.....Hugo H. Blume

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

**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.**