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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43807

Registration District No. FILED JAN 3 1944

Primary Registration District No. 6076

Registrar's No. 2916

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 Adm. 11/29/43 (Specify whether In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County

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

(d) Street No. 1926 South 9th Street (If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Ignatius J. Riegert

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

3. (c) Social Security No. 499-05-0471

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Ida

6. (c) Age of ~~husband or~~ wife if alive 58 years

7. Birth date of deceased September (Month) 22, (Day) 1890 (Year)

8. AGE: Years 53 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business -

FATHER
12. Name George Riegert
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Sophia Gander
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 12-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Park

18. (a) Signature of funeral director Thos. Tutis & Son

(b) Address 2906 Grand Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th, year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from November 29, 1943 to December 24, 1943 that I last saw him alive on December 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the liver, alcoholic,	Unkn.
Due to -	
Due to -	
Other conditions (Include pregnancy within 3 months of death) Hypertensive and coronary arteriosclerotic heart disease with myocardial damage.	
Major findings: Of operations None.	
Of autopsy No autopsy.	

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? Means of injury

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

Address Chief Medical Officer, Date signed 12/24/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1945

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 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.