

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED FEB 1 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2317 So. 12th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mr. Fred C. Rieman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Gustine Rieman 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 15, 1877
(Month) (Day) (Year)

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

<u>66</u>	<u>9</u>	<u>6</u>	hr. min.
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9. Birthplace Strasburg, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation General Contractor

11. Industry or business Self

12. Name Carl Rieman

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Saache
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gustine Rieman

(b) Address 2317 So. 12th St.

17. (a) Burial (b) Date thereof Jan. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery.

18. (a) Signature of funeral director. Beiderwieden F.H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JAN 24 1944 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

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. 2317 So. 12th
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1944 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from JUNE 17 1943, to JANUARY 21 1944
that I last saw him alive on JAN 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration Sudden

Due to Arterio sclerosis 1 8 Months

Due to _____

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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 Stroke

Signature And W Rolling (M. D.) or other _____
Address 2125 Sidney Date signed 1-21-44

Dr. F. W. Becking
2125 Lindsey

Ev. 3135

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..... *F. W. Becking*

Licensed Embalmer No. *3737*

P. O. Address *1936 N. Lincoln*

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.