DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4445

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 22

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Manchester (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)
In this community: 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~St Louis~~
(c) City or town: St Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2610 Rutger (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Margaret Riegel
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 27 (Day) 1877 (Year)
8. AGE: Years 66 | Months 2 | Days 8 | If less than one day: hr. min.
9. Birthplace: St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
MOTHER FATHER
12. Name: Ferdinand Riegel
13. Birthplace: France (City, town, or county) (State or foreign country)
14. Maiden name: Emma Walz
15. Birthplace: New York (City, town, or country) (State or foreign country)
16. (a) Informant: Pine Crest Home
(b) Address: Ballwin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: JAN 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetery
18. (a) Signature of funeral director: E. T. Schnur
(b) Address: 3125 Lafayette Av.
19. (a) JAN 6 - 1944 (Date received local registrar) (b) R. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3 year 1944 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from 12/3/43, 19__, to JAN 3, 1944 that I last saw her alive on Jan 3, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Yes	

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: B. R. Loving (M. D. or other)
Address: Ballwin Mo Date signed 1-3-44

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANET—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.