

FILED APR 22 1944

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 5 m 11 d
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Kerner Riebel

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 Widowed
6. (b) Name of husband or wife 1st 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased June 5 1898
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

12. Name John Riebel

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

14. Maiden name Frances Engelke

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

16. (a) Informant Record (b) Address

17. (a) Burial (b) Date thereof Apr. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest Fulton, Mo

18. (a) Signature of funeral director Wm. Y. Morgan

(b) Address 712 Court St. Fulton, Mo

19. (a) Apr 2-1944 (b) Joan Morosoff
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1944 hour 5-30 minute P M.

21. I hereby certify that I attended the deceased from 3/20/44, 1944, to 7/1/44, 1944.
that I last saw him alive on 4-1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 9 Bed

Major findings: 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
Signature George W. Reeves (M. D. or other) MD
Address Fulton Mo Date signed 4/1/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 2 1944

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 Glen Y. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.