

FILED JUN 19 1944 18

Registration District No.

Primary Registration District No. 1003

Registrar's No.

5214

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community..... 0
 years, months or days)

3. (a) PRINT
FULL NAMEMary Margaret Riehn

3. (b) If veteran,

name war..... None

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert Riehn 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased March 1 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 4 hr. min.

9. Birthplace St. Genevieve County Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jacob Lindy
 13. Birthplace Unknown Switzerland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Emily Volker
 15. Birthplace St. Louis Missouri 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Tucker
 (b) Address 4045 Lee Ave.

17. (a) Burial (b) Date thereof 6-8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
4700 Washington Blvd.

(b) Address
 19. (a) JUN 7 1944 (b) J. F. Bredich
 (Date received local registrar) (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. 4045 Lee Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
 year 1944 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 1st
 19 44 to June 5th 19 44
 that I last saw h. er alive on June 5th 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death.

1. Rupture of Appendix
 postula to uterus
 & Arterio-sclerotic changes
 left leg

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

Major findings:
 Of operations.....

Of autops Ruptured Appendix
 & Arterio-sclerotic changes Left Leg

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 work)
 23. Signature W. E. Wade (M. D. or other)
 Address 1515 Lafayette Date signed 6/5/44

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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.....

W. Wilkin

Licensed Embalmer No.....

3570

P. O. Address.....

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.