

FILED DEC 15 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10430

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:  
1043 Louisville Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter F. Rielau

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 Elsie Wilsdorf Rielau 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased September 7 1888  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Hardwood Floors

MOTHER FATHER { 12. Name August Rielau

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Homann

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Rielau

(b) Address 1043 Louisville Ave.

17. (a) Burial (b) Date thereof 12/7/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) DEC 7 1944 J. F. Bredeek  
(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. 1043 Louisville Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (a) Means of injury 3

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 12/7/44

361150241

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..... *G. P. Kidwell* .....  
Licensed Embalmer No. *3877* .....  
P. O.-Address..... *7027 Gravois* .....

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.