

FILED JAN 12 1945

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2580**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(none) 4008-Oak St. Pine Lawn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 1 year 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4008-Oak St.
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Henry F. Ries
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1944 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from July 24 1943 to Dec. 13 1944;
that I last saw him alive on December 13 1944;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Minnie Broeker Ries 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased Feb. 17, 1861
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis (Cardiac Decompensation)
Due to 93 d
Due to -
Other conditions Hypertrophy of prostate
(Include pregnancy within 6 months of death)

8. AGE: Years 83 Months 9 Days 26 If less than one day hr. min.

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 -
Where did injury occur? (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury 0

9. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Own farm

12. Name Wm. Ries

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

14. Maiden name Rosette Bete

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

16. (a) Informant Mrs. Charles Blackwell

(b) Address 4008-Oak St. Pine Lawn Mo.

17. (a) Burial (b) Date thereof Dec. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Manchester, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) 12/16/44 (b) B. H. Mclaughlin, D.
(Date received local registrar) (Registrar's signature)

Signature B. R. Loving (M. D. or other) M.D.

Address Ballwin, Mo. Date signed 12-14-44

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

76
0
0

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..... *Theo Schrader*

Licensed Embalmer No. *3064*

P. O. Address *Baltimore, Md.*

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.