U. S. No. 2
10M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18234

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 948

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mo. 7 days (Specify whether years, months or days)
In this community Yes

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 3969 Botonical
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Riehl
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, divorced 9
6. (b) Name of husband or wife Robert Riehl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 3 (Day) 1875 (Year)

8. AGE: Years 70 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
10. Usual occupation NIL
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant Pine Crest Home
(b) Address Ballwin Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 19/45 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS CEM.
18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av
19. (a) APR 20 1945 (Date received local registrar) (b) E. E. McGowan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1945 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from NOV. 10th 1944 to APRIL 17th 1945 that I last saw her alive on APRIL 16th 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to 938	
Other conditions Arterio-Sclerosis (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? (e) Means of injury

23. Signature R. W. Jausen (M. D. ~~or coroner~~)
Address Manchester Mo. Date signed 4/18/45

(Licensed Embalmer's Statement on Reverse Side)

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 Jas B. Volkmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av.

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.