

S. No. 2
DM-5-43
7-5-17-39
X 36671

1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6920**

FILED AUG 11 1945
318

Registration District No. _____ Primary Registration District No. _____

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 Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mo. 20 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6115 Huntville
(If rural, give location)
(e) Citizen of foreign country? None. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marguerite Riechman
(b) If veteran, name war None.
(c) Social Security No. None.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 9 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home.

11. Industry or business _____

MOTHER FATHER
12. Name Henry
13. Birthplace Berkeley, Mo.
14. Maiden name MARGARET STIMES
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Barth
(b) Address 6510 Blumore

17. (a) Burial (b) Date thereof 8/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director C. R. Lupton + Sons
(b) Address 7233 Delmar Blvd.

19. (a) AUG 6 1945 (b) J. F. Bedeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 5
year 1945 hour 6 minute 05 p.m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of the colon & fecal fistula Duration 17 yrs.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Large Ca? sigmoid which was resected in Sept. 1944
Of operations _____
Of autopsy Large fecal fistula & large Ca of colon.
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? _____
While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature J. F. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 8-6-45

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

SEP 3 1946

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: *Bradford A. Miles*
Licensed Embalmer No. *2901*
P. O. Address: *University City, 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.