

FILED AUG 13 1945

Registration District No. 116

Primary Registration District No. 2020

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks.
(Specify whether
In this community 29 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No. 729 W. 3rd St. 7
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Anna M. Riegel.

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased April 9th, 1858.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 22 hr. min.

9. Birthplace Krakow, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

12. Name Henry Riegel.
13. Birthplace Unknown, Germany. 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Rolf.
15. Birthplace Krakow, Missouri. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Louisa Riegel,
(b) Address 729 W. 3rd St. Washington, Mo.

17. (a) Burial (b) Date thereof Aug. 4, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Wilburg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) 7/31/45 (b) Luella R. Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st,
year 1945 hour 3:00 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 2, 1945
1945 to July 31, 1945
that I last saw her alive on July 31, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Infarctus, arteriosclerosis, burning fever.
Due to smoke & extensive 2nd degree burns
Due to scalding with hot water.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 151
Of autopsy 15

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) accident 36
(b) Date of occurrence June 7
(c) Where did injury occur? Washington Franklin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury Burns

23. Signature Luella R. Brooks (M. D. or other)
Address Washington Mo Date signed 8-1-45

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

MOTHER FATHER

1181

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-9-45

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed Lester R. Platt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.