

S. No. 2
M-5-43
7-5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 21 1945 STANDARD CERTIFICATE OF DEATH 1003

State File No. **39695**
Registrar's No. **10368**

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days) C.

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. 3121 Maury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Riebeling
3. (b) If veteran, name war unknown **3. (c) Social Security No.** 343-07-2436
4. Sex Male **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife May Riebeling
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug. 28 - 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November year 45 hour 11:45 minute 8 A.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.

8. AGE: Years 63 Months 3 Days 0 If less than one day
hr. min.

Immediate cause of death _____
Cerebral Gyralis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Illinois (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Palmer Seed Co.
12. Name Charles Riebeling
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Maree Ruestener
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. May Riebeling
(b) Address 3121 Maury Ave
17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 12-1-45
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director C. R. Rupton & Sons
(b) Address 7233 Drexelman Blvd.
19. (a) NOV 29 1945 (Date received local registrar) **(b) J. R. Bredeck** (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 Dr. Alfred J. Perry (M. D. or other) n
Address Deputy Coroner **Date signed** 11-29-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Clarence H. Murray

Licensed Embalmer No.....

4011

P. O. Address.....

St. Louis, 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.