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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 30 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13850

State File No. _____
Registrar's No. 10

Registration District No. 207 Primary Registration District No. 0757

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Vichy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Charles A. Rieke
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Susana Lovelace Rieke 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 1, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer
11. Industry or business Retired

MOTHER FATHER { 12. Name Ferdinand Rieke
13. Birthplace Bremen Germany
(City, town, or county) (State or foreign country)
14. Maiden name Folly ANN Love
15. Birthplace Vichy Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Schulte
(b) Address 469 S. Eastmont, Los Angeles Calif
17. (a) Burial (b) Date thereof April 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Smith-Holland
(b) Address Rolla, Mo.
19. (a) 4/12/46 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries 63
(c) City or town Vichy 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1946 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4/3/46
19____ to 4/5/46, 19____;
that I last saw him alive on April 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension ?
Duration _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy §3a
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. C. Howard (M. D. or other) D.
Address Vienna, Missouri Date signed 4/12/46

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

188

RECEIVED

District Health Officer No. 9,

District File Number.....

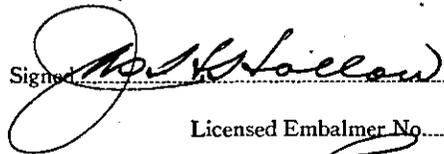
Date Filed 4-29-46

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 .....

Licensed Embalmer No. 3643.....

P. O. Address Paola, 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.