S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40430

FILED NOV 28 1947

Registration District No. 1947/7 — Primary Registration District No. 3069 — Registrar's No. 2438

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1256 Hawthorne Pl (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Richmond Heights (If outside city or town limits, write "RURAL")
(d) Street No. 1256 Hawthorne Pl. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Leroy M. Riester
3. (b) If veteran, name war: World War #1
3. (c) Social Security No.: 497-01-5460
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth Riester
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: 9/23/1895 (Month) (Day) (Year)
8. AGE: Years 52 Months 1 Days 28 If less than one day ..... hr. ..... min.
9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Auditor-Comptroller
11. Industry or business: Herman Body Co
MOTHER FATHER
12. Name: Valentine Riester
13. Birthplace: (City, town, or county) Germany (State or foreign country)
14. Maiden name: Mary Burnham
15. Birthplace: (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Mary Riester
(b) Address: 1256 Hawthorne Pl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Robert J. Ambruster Inc
(b) Address: 6633 Clayton Road
19. (a) 11-24-47 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st year 1947 hour 5.30 minute A. M.
21. I hereby certify that I attended the deceased from 10/1/40, 19..., to 11/21/47, 19...; that I last saw him alive on 11/21/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	30 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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: H. Pickering (M. D. or other) D.O.
Address: 6109 Natural Bridge Rd Date signed: 11/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 1 1 1948

DEC 5 1947

NOV 28 1947

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.