

U.S. No. 300  
FORM-10-47  
Rev. 5-17-39  
I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED APR 5 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11114  
State File No. \_\_\_\_\_  
Registrar's No. 811

Registration District No. 367

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Rural (Meramec Twpsh.)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rieger Road  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)  
 In this community 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town Rural, (Meramec Twpsh.)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rieger Rd.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Louise C. Rieger  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar. day 27, year 1948 hour 9 minute 00 P. M.

4. Sex Female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Edward R. Rieger  
 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased Dec. 13, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1947, to March 27, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 3 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Cerebral Hemorrhage  
No pathogenesis  
 Due to Arteriosclerosis - general

9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business Own home

Due to 830  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name Fred W. Steines  
 13. Birthplace Franklin Co. Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Johanna Von Gruben  
 15. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

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) (e) Means of injury \_\_\_\_\_

16. (a) Informant Edward W. Rieger  
 (b) Address Chesterfield, Mo. R #1.  
 17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Mar. 31, 48  
(Month) (Day) (Year)  
 (c) Place: burial or cremation BETHEL CEM. Pond, Mo.

23. Signature Henry F. Scott (M. D. or other) M.D.  
 Address Baltimore Md. Date signed Mar 29 48

18. (a) Signature of funeral director Schrader Funeral Home  
 (b) Address Baltimore, Mo.  
 19. (a) 3-29-48 (b) Geulay...  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

96  
0  
0

**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.....

*Richard M. Bopp*, Registered Apprentice No. *23*  
working under my personal supervision.

Signed *J. H. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin 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.**