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FILED OCT 23 1948 **318**

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Registrar's No. **8992**

Registration District No. _____ 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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME GEORGE E. RIEDELL.

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia S. Riedell.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 12 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 3
If less than one day

hr. _____ min. _____

9. Birthplace Echo Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation Branch Mgr.,

11. Industry or business Crowell Collier Publishing Co.

MOTHER FATHER

12. Name William Riedell.

13. Birthplace unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amelia Riedell.

(b) Address 429 Gill Ave.,

17. (a) Burial (b) Date thereof Oct. 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) OCT 18 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. # 429 Gill Ave.,
K.R. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1948 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 7 to Oct. 15 1948
that I last saw him alive on Oct. 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
myocardial infarction
Coronary atherosclerosis

Duration 10 min
5 yrs

Other conditions AWA
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy none

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? _____

23. Signature J. B. Pearsley (Specify type of place) _____
390 3 Blue St. (c) Means of injury _____
Date signed 10-16-48

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

10-12
NE 1489

8992

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.