

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **38574**
Registrar's No. **10588**

Registration District No. _____

Primary Registration District No. **1003**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community 50 yrs.
years, months or days)

3. (a) PRINT FULL NAME Sophia Riemann
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 10 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Kentucky

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Schnell
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Unkelbach
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Nirk
(b) Address 4210 Neosho

17. (a) Burial (b) Date thereof 12-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) DEC 7 1948 (b) J.B. Lassiter
(Date received local registrar) (Registrar's signature)

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. 4759 Milentz
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 4
year 1948 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 10 1948 to Dec 4 1948
that I last saw him alive on Dec 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis due to Septicemia
Due to Septicemia
Due to Arterio Sclerosis

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

Major findings:
Of operations _____
Of autopsy _____

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.B. Lassiter (M. D. or other) _____
Address 4717 Madison Date signed 12/6/48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

300
47
39
905

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..... *Frank J. Durne*

Licensed Embalmer No. *2245*

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.