

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17880

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 96

0923

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) St Charles	
c. LENGTH OF STAY (in this place) 35 yrs		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 428 South 5th St	

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Frances c. (Last) Riske			4. DATE OF DEATH (Month) (Day) (Year) May 30 1950		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18 1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (State or foreign country) O'Fallon Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Bellow	13b. MOTHER'S MAIDEN NAME Mary Lushia	14. NAME OF HUSBAND OR WIFE Walter Riske
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-28-6943	17. INFORMANT'S SIGNATURE OR NAME Mrs Ray Plant	ADDRESS 526 Kingshighway
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extreme shock and burns		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) explosion of gas in home DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		70 160 60 110	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 130	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Charles Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 1950 1 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Explosion of gas
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22. I hereby certify that ~~the~~ deceased from on 5/31/50 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1035 P, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Missouri Minister of Health</i>	23b. ADDRESS Wentzville, Missouri	23c. DATE SIGNED 5-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St Charles Mo.
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DATE REC'D BY LOCAL REG. 6/6/50	REGISTRAR'S SIGNATURE <i>Kaune</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harshman</i>	ADDRESS Ram St Charles Mo
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RECEIVED
JUN 10 1950
District Health Officer No. 9,
District File Number

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 2117

P. O. Address St. Charles 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.