

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28871

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1892

1. PLACE OF DEATH a. COUNTY Saint Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Normandy, 21, 4181		d. STREET ADDRESS (If rural, give location) Weldon & Carson Roads 1
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) C.	c. (Last) Riedel	4. DATE OF DEATH (Month) (Day) (Year) Aug. 6th, 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH March 16th, 1931	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Laborer	10b. KIND OF BUSINESS OR INDUSTRY Closter Co.	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles C. Riedel		13b. MOTHER'S MAIDEN NAME Ethel M. Linda		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 496-32-1653	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles C. Riedel, Weldon & Carson Roads		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Submergence asphyxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 89294 42
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 400			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) SWIMMING POOL	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) FERGUSON, St. Louis Co., Mo	21f. HOW DID INJURY OCCUR? DROWNED		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-6-50 4P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from 8-6-1950 to 8-6-1950, that I last saw the deceased alive on 8-6-1950, and that death occurred at 10:25 P.M. from the causes and on the date stated above.			
23a. SIGNATURE R. P. Colle (Degree or title) MD		23b. ADDRESS 601 J. Bentwood		23c. DATE SIGNED 8-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/9/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL AGENCY AUG 7 1950	REGISTRAR'S SIGNATURE Herbert Calender	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.