No. 300
10.48

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31433

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 159

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1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Warren 109
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrenton
d. STREET ADDRESS (If rural, give location) Katie Jane Memorial Home

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) F. c. (Last) Rieke

4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH January 21, 1871
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)
10b. KIND OF BUSINESS OR INDUSTRY farm tenant
11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF ~~HUSBAND OR~~ WIFE dec'd Mar '50 Bertha C. (Brumme) Rieke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL
16. SOCIAL SECURITY NO. NIL
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Wm J. Rieke (son) 5951 Hamilton Terrace St. Louis 12, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Schock — INTERVAL BETWEEN ONSET AND DEATH 7 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulated Inguinal Hernia — 20 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Gen Arterio sclerosis — 10 yrs

19a. DATE OF OPERATION 9/9/50
19b. MAJOR FINDINGS OF OPERATION Strangulated Inguinal hernia
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5610

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 9th, 1950, *to* Sept 10th, 1950 *that I last saw the deceased alive on* Sept 9th, 1950, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. Erich Schulz MD
23b. ADDRESS St Charles Mo
23c. DATE SIGNED 9/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 12, 1950
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Immanuel Lutheran
24d. LOCATION (City, town, or county) (State) St. Charles, Missouri

DATE REC'D BY LOCAL REG. 9-15-50
REGISTRAR'S SIGNATURE Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS H. C. Dallmeyer + Sons Co 800 N. 2nd St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 15 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 4189 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles M

Signed .....
Student Embalmer

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.