

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38962

State File No. 10047
Registrar's No.

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 45 years | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2109 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4227 Green Lea Place | | | d. STREET ADDRESS (If rural, give location) 4217 Sacramento Ave. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ANN | | b. (Middle) | c. (Last) RIEBELING | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1950 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 19 1905 | 9. AGE (In years last birthday) 45 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Work | | 10b. KIND OF BUSINESS OR INDUSTRY Bakery | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME David Engelhardt | | 13b. MOTHER'S MAIDEN NAME Lillie Kobusch | 14. NAME OF HUSBAND OR WIFE Fred Riebeling | | |
| 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. 488-01-7316 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ralph Bick, 4217 Sacramento Ave. | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis of terminal cerebral artery</i> INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yr ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151A | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 5-12 , 19 48 , to 11-24 , 19 50 , that I last saw the deceased alive on 11-24 , 19 50 and that death occurred at 4:35 P.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <i>[Signature]</i> | | | 23b. ADDRESS 4110 W. Belmont Ave | | 23c. DATE SIGNED 11-27-50 |
| 24a. BURIAL - CREMATION - REMOVAL (Specify) Burial | 24b. DATE Nov. 27 1950 | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| DATE RECD BY LOCAL HEALTH DEPT. REG. 570 NOV 27 1950 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave. | |

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

H.E.Morris
4110 W.Florissant Ave.

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 _____

Max L. Waugh

Licensed Embalmer No. 04170

P. O. Address 1936 St. Louis Ave

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.