.S., No. 300
ev. 10-48

FILED DEC 8 1950
#116613

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38966
State File No. 38961

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 5449 Nagel

2029
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3. NAME OF DECEASED (Type or Print)
a. (First) ELIZABETH
b. (Middle)
c. (Last) RIES

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19th, 1950

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 1, 1899
9. AGE (In years last birthday) 51 — 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) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waterloo, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Wetzel
13b. MOTHER'S MAIDEN NAME Bertha Honnen
14. NAME OF HUSBAND OR WIFE Thomas Ries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Thomas Ries
ADDRESS 5449 nNagel

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) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* 11/12/50 *19*, to 11/19/50, *19*, *that I last saw the deceased alive on* 11/19/50, *19*, *and that death occurred at* 2:45am *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E Thomason (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 11/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 11/22/50
24c. NAME OF CEMETERY OR CREMATORY St Paul's Ev. Cem.
24d. LOCATION (City, town, or county) (State) Waterloo, Ill.

DATE REC'D BY LOCAL REG. NOV 21 1950
REGISTRAR'S SIGNATURE J. B. Lanter
25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons
ADDRESS 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Frank Owens

Signed.....
Student Embalmer

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.