

STANDARD CERTIFICATE OF DEATH

State File No. **28660**  
Registrar's No. **7690**

FILED SEP 13 1951

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>3 days</b>		<b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luthern Hospital</b>		22. STREET ADDRESS (If rural, give location) <b>2206 Menard</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) c. (Last) <b>Riegler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 28, 1951</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 17, 1908</b>
9. AGE (In years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house work</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Fred Buecher</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>	14. NAME OF HUSBAND OR WIFE <b>Adolph Riegler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adolph Riegler, 2206 Menard</b>
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) <b>Pulmonary Edema</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 Hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Dilatation</b> <b>18 Hrs.</b>		DUE TO (c) <b>Rheumatic Heart Disease</b> <b>Unknown</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acidosis; Diabetes Mellitus</b> <b>72 Hrs.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Pregnancy 32 wks.</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>H16XE</b>			
22. I hereby certify that I attended the deceased from <b>8/25, 1951</b> , to <b>8/27, 1951</b> , that I last saw the deceased alive on <b>8/27, 1951</b> , and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Hugh R. Smith</b>		23b. ADDRESS <b>607 N. Grand Blvd</b>	
23c. DATE SIGNED <b>8-29-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/31/51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>McHale Center</b>		24d. LOCATION (City, town, or county) (State) <b>Gemas mo</b>	
DATE REC'D BY LOCAL REG. <b>AUG 29 1951</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan</b>	

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

*Smith*

**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

*Ronald O. Yalenske*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

**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.