

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43281**

Registrar's No. **11455**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY 231	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) St Louis #5 post	
d. FULL NAME OF HOSPITAL OR INSTITUTION #5 North 9th		d. STREET ADDRESS (If rural, give location) Stagg Hotel 9th	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) William c. (Last) Rieger	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1951
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5. SEX male	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH aug 19th 1891	9. AGE (In years last birthday) 60	10. MONTH 4	11. DAY 4	12. HOURS 4	13. MIN. 4
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10a. USUAL OCCUPATION (Give kind of work done during last working (if even if retired)) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) Nashville Ill	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Henry Rieger	13b. MOTHER'S MAIDEN NAME Barbara A Kiebert	14. NAME OF HUSBAND OR WIFE nil
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Rieger	ADDRESS 4930 Odell
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis		
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 4201
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22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:38 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter H. Smith, M.D.	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-26-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St Louis, Mo
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DATE REC'D BY LOCAL REG. DEC 26 1951	REGISTRAR'S SIGNATURE Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Harry Miller	ADDRESS 6041 Delmar
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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.

Signed.....

Rolando Yahruke
.....
Licensed Embalmer No. *3917*.....

Signed.....
Student Embalmer

P. O. Address.....

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.