

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22550**

S. No. 300  
IV. 10.48

FILED JUL 9 1952

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

Registrar's No. **5909**

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 Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>2019</b>	
c. LENGTH OF STAY (In this place) <b>28 Days</b>		d. STREET ADDRESS (If rural, give location) <b>7600a Vermont Av.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Anthony Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emil</b> b. (Middle) <b>Rudolph</b> c. (Last) <b>Rieser</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 21st 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 7th 1918</b>
9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 1 YEAR Days <b>13</b>	IF UNDER 1 YEAR Hours <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lathe Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Aircraft</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Martin H Rieser</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Lankau</b>	
14. NAME OF HUSBAND OR WIFE *****			
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>492-16-1717</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Amada Rieser</b>		ADDRESS <b>7600 Vermont</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized peritonitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with multiple intrabdominal abscesses.</b> DUE TO (c) <b>Perforation of lower sigmoid colon</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>5/25/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>as above.</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>578X</b>			
22. I hereby certify that I attended the deceased from <b>May 25, 1952</b> to <b>June 21, 1952</b> that I last saw the deceased alive on <b>June 21, 1952</b> and that death occurred at <b>3:38 p.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George A. O'Sullivan M.D.</b>		23b. ADDRESS <b>221 N. Schermer St. Louis Mo 6</b>	
23c. DATE SIGNED <b>7-3-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 25th 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 24 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bros Funeral Home</b>	
REGISTRAR'S SIGNATURE <b>J. Carl... M.D.</b>		ADDRESS <b>2201 So Grand.</b>	

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

*1911*

**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 Ronald O. Yalucke

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.