

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23239

State File No. _____

FILED JUL 10 1952

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE T.S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE T.S.</u>	
c. LENGTH OF STAY (in this place) <u>15 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>RR #1 0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #1</u>			

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>RIETSCHLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1952</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 7 1859</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (City's kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>BERNARD LOUREAU</u>		13b. MOTHER'S MAIDEN NAME <u>ROSINE THOMURE</u>		14. NAME OF HUSBAND OR WIFE <u>BOOTFRIED RIETSCHLIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Rietschlin</u> ADDRESS <u>4312 Chautau Ave</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 YRS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypo-static Pneumonia</u>		<u>4 Days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Chronic Myocarditis</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		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)	
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?	

22. I hereby certify that I attended the deceased from Feb 1, 1951, to July 4, 1952, that I last saw the deceased alive on Feb 4, 1952, and that death occurred at 8:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Sawyer M.D.</u> (Degree or title)		23b. ADDRESS <u>570. Genevieve Mo</u>		23c. DATE SIGNED <u>7-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall Spring Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo.</u>					

DATE REC'D BY LOCAL REG <u>7-7-52</u>		REGISTRAR'S SIGNATURE <u>Verena M. Kell-Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Basler</u>		ADDRESS <u>Ste. Genevieve Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

2007 01 701

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 *Geo. C. Pasler*

Licensed Embalmer No. *1985*

P. O. Address *St. Genevieve 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.