

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26784

State File No.

FILED JUL 23 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1858

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>826 Lemay Ferry Road</u>		d. STREET ADDRESS (If rural, give location) <u>826 Lemay Ferry Road</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>H.</u>	c. (Last) <u>RIEL</u>	(Month) <u>July</u>	(Day) <u>6</u>	(Year) <u>1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 21, 1897</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Body Assembler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>McCabe- Powers</u>	11. BIRTHPLACE (State or foreign country) <u>Petersburg, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>George Riel</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-05-3505</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Riel</u>	ADDRESS <u>826 Lemay Ferry, Lemay, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) <u></u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from June 22, 1952 to July 6, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Mueller M.D.</u>	(Degree or title)	23b. ADDRESS <u>2827 So. Grand</u>	23c. DATE SIGNED <u>7-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1800 Lemay Ferry Road, Lemay</u>
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DATE REC'D BY LOCAL REG. <u>7-7-52</u>	REGISTRAR'S SIGNATURE <u>Herbert G. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u>	ADDRESS <u>7814 So. Broadway, St. Louis, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-12
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5-8

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed..... *Harry J. Schumacher*

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.