

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 28 1953

0534

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **St. Louis, Missouri**

c. LENGTH OF STAY (In this place)
10 YRS

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **ST. LOUIS 2209**

d. FULL NAME OF HOSPITAL OR INSTITUTION
St. Louis City Hospital #1

d. STREET ADDRESS (If rural, give location)
20 2000 N. MARKET, ST.

3. NAME OF DECEASED
a. (First) **ADAM** b. (Middle) **WILLIAM** c. (Last) **RIEGERT**

4. DATE OF DEATH (Month) (Day) (Year)
JANUARY 16, 1953

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED 2

8. DATE OF BIRTH
JAN. 9TH. 1880.

9. AGE (In years last birthday) **73**

IF UNDER 1 YEAR Months Days IF UNDER 1 MO. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
SHIPPING CLERK.

10b. KIND OF BUSINESS OR INDUSTRY
CONY HEE & CO.

11. BIRTHPLACE (City and State or Foreign Country)
NEW HAMBURG MO.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
UNKNOWN

13b. MOTHER'S MAIDEN NAME
UNKNOWN.

14. NAME OF HUSBAND OR WIFE
MARY JANERIEGERT DEO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO.

16. SOCIAL SECURITY NO.
NONE 498-26-9681

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MRS. FLORENCE RIEGERT 2000 ST. MARKET

MEDICAL CERTIFICATION
18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atherosclerosis obliterans.**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) **2 bilateral gangrene of legs.**
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
Jan. 6. 1952

19b. MAJOR FINDINGS OF OPERATION
Right mid thigh amputation

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
4500

22. I hereby certify that I attended the deceased from **12-30-52**, 19___, to **1-16-53**, 19___, that I last saw the deceased alive on **1-16-53**, 19___, and that death occurred at **9:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Shale H. Riegin, M.D. 0

23b. ADDRESS
1515 Lafayette Avenue

23c. DATE SIGNED
1-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
JAN. 19TH. 1953

24c. NAME OF CEMETERY OR CREMATORY
CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State)
ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG.
JAN 17 1953

REGISTRAR'S SIGNATURE
Paul Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. Brockland and Co. 1827 Hogan St.

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

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 me

Student Embalmer No. _____

working under my personal supervision. _____

Student
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.