

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19077

FILED JUN 15 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles 0920,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo/</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Charles 0920</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. _____				d. STREET ADDRESS (If rural, give location) <u>Route 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>			b. (Middle) <u>Adam</u>		c. (Last) <u>Rieffer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1953</u>
5. SEX <u>male 0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Feb. 11 1874</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Valentine Rieffer</u>			13b. MOTHER'S MAIDEN NAME <u>Hanne</u>		14. NAME OF HUSBAND OR WIFE <u>Sophia Rieffer deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Weston St. Louis Mo.</u>				
MEDICAL CERTIFICATION							
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>CORONARY THROMBOSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIO SCLEROSIS</u>					
		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 <u>4201</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>DOA 6/1953</u> , and that death occurred at <u>estimated 1:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D.H. Cramblet M.D.</u>				23b. ADDRESS <u>O'Fallon, Mo</u>		23c. DATE SIGNED <u>6-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cottleville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 11-53</u>		REGISTRAR'S SIGNATURE <u>Ea Keithly 289</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ea Keithly</u>		ADDRESS <u>O'Fallon Mo.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. K. Keithly

Signed.....
Student Embalmer

Licensed Embalmer No..... 822

P. O. Address..... O'Fallon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.