

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27245

State File No. _____

FILED JUL 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1845</u>			
1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) Pine Lawn		c. LENGTH OF STAY (in this place) 3 Years		c. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn, 415 1					
d. FULL NAME OF HOSPITAL OR INSTITUTION 6215a Vetter Place, 20,				d. STREET ADDRESS (If rural, give location) 6215a Vetter Place, 20,					
3. NAME OF DECEASED (Type or Print) a. (First) OTTO			b. (Middle) _____			c. (Last) RIEDEL			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 7th, 1871			
9. AGE (In years last birthday) 82		F UNDER 1 YEAR Months _____ Days _____		F UNDER 1 YEAR Hours _____ Mins. _____		4. DATE OF DEATH (Month) (Day) (Year) July 1st, 1953			
10a. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired) Retired Packer			10b. KIND OF BUSINESS OR INDUSTRY Dep't. Store		11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Frank Riedel			13b. MOTHER'S MAIDEN NAME Philippina Lehr			14. NAME OF HUSBAND OR WIFE Stella E. Riedel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Stella E. Riedel, 6215a Vetter Place, 20					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sen. Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4200			
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 <u>Jan 19, 1952</u> to <u>Jan 22, 1953</u> , that I last saw the deceased alive on <u>Jan 19, 1953</u> and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE H. W. Lewney (Degree or title) _____				23b. ADDRESS 2342 St Louis		23c. DATE SIGNED 8/1/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/4/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 7-2-53		REGISTRAR'S SIGNATURE Herbert R. Dombk M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.					

524 (Licensed Embalmer's Statement on Reverse Side)

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

400

Hours between 2:00PM & 3:00 PM
(Wednesday sure)

File in St. Louis County.

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 John A. Minor
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.