

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3209**

FILED FEB 2 1954

Registrar's No. **0462**

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|--|-------------------------------|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 218 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0462 | |
| 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 OR TOWN Saint Louis) | | c. LENGTH OF STAY (In this place) 8 Years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | | | d. STREET ADDRESS (If rural, give location) 4020 Dryden Avenue, 15, | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) IRVING | | b. (Middle) F. | | c. (Last) RIETMAN | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 15th, 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH August 10th, 1896 | | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Opr. | | 10b. KIND OF BUSINESS OR INDUSTRY Service Station | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME J. Henry Rietman | | 13b. MOTHER'S MAIDEN NAME Mathilda Erfman | | 14. NAME OF HUSBAND OR WIFE Charlotte Rietman nee Riechers | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Charlotte Rietman, 4020a Dryden Ave., | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary atherosclerosis, aortic valve heart disease | | | | 2 yrs | |
| 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) | | 21f. HOW DID INJURY OCCUR 5810 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from June , 19 53 , to Jan 15 , 19 54 , that I last saw the deceased alive on Jan 14 , 19 54 , and that death occurred at 1:45A m., from the causes and on the date stated above. | | | | 23a. SIGNATURE [Signature] (Degree or title) _____ | | 23b. ADDRESS 2735 N. Grand | |
| 23c. DATE SIGNED 1-15-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1/18/54 | | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ | | ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Mo. | | | |
| DATE REC'D BY LOCAL REG. 14 16 1954 | | REGISTRAR'S SIGNATURE [Signature] | | (Licensed Embalmer's Statement on Reverse Side) | | | |

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

File in City.

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 Ralph C. Lindner

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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

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