

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

8129

State File No. _____

No. 300

10. 48

FILED MAR 31 1954

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5326** Registrar's No. **8**

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

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MERAMON TOWNSHIP 37		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DESOTA 0502	
c. LENGTH OF STAY (in this place) 1 mo		d. STREET ADDRESS (If rural, give location) 1311 COURT DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION R R 1 STEELVILLE MO			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) _____ c. (Last) RIEDINGER	
4. DATE OF DEATH (Month) (Day) (Year) MAR 11 1954			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 8 1888
9. AGE (In years last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETOR	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALBERT RIEDINGER	13b. MOTHER'S MAIDEN NAME MARIA ANTHES	14. NAME OF HUSBAND OR WIFE GOLDA MAE MCINTYRE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 300-03-5045	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GOLDA MAE RIEDINGER Desota, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	ANTECEDENT CAUSES Morbid 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.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4201		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) (Min) _____	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 11 Mar, 1954 , to _____, 19____, that I last saw the deceased alive on 15 Mar, 1954 , and that death occurred at 6:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE John H. Springfield, M.D. (Degree or title)		23b. ADDRESS Steelville, Mo.	23c. DATE SIGNED 11 Mar 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/15/54	24c. NAME OF CEMETERY OR CREMATORY Maplewood	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 3/29/54	REGISTRAR'S SIGNATURE Gerardine C. Gibbs	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Samuel J. Maher Desota, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 Daniel J. Martin

Licensed Embalmer No. 4326

P. O. Address 110. 5th, 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.