

STANDARD CERTIFICATE OF DEATH

32130

State File No. ....

FILED SEP 16 1954

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>22970</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3407 ILLINOIS</u>		e. STREET ADDRESS (If rural, give location) <u>24 3407 ILLINOIS</u>	

3. NAME OF DECEASED (Type or Print) <u>CELIA - RIEGERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 29 1954</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 28 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR	IF UNDER 12 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>AUGUST MANTLEY</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE MENNIS</u>	14. NAME OF HUSBAND OR WIFE <u>ALOIS RIEGERT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALOIS RIEGERT</u>	ADDRESS <u>3407 ILLINOIS</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>	DUPLICATE		<u>several days</u>
ANTECEDENT CAUSES	DUPLICATE		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Hypertension, Essential</u>		
	DUE TO (c) <u>Hemiplegia,</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4444</u>
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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?
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22. I hereby certify that I attended the deceased from July 6, 1954, to Aug 29, 1954, that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 2:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. C. Resnikoff MD</u> (Degree or title)	23b. ADDRESS <u>93612 S. Jefferson Ave</u>	23c. DATE SIGNED <u>Aug 31, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept 1 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE RECD. BY LOCAL REG. <u>SEP 1 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutea</u>	ADDRESS <u>2906 Genovis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....  
*Leo J. Budde*

Licensed Embalmer No. 398

P. O. Address.....  
*St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.