

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6450

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1691

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2107	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		c. CITY OR TOWN SAINT LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4210 RED BUD AVENUE		e. STREET ADDRESS (If rural, give location) 10 4210 RED BUD AVENUE	

3. NAME OF DECEASED (Type or Print) CHRISTIAN FREDERICK WILLIAM RIEKE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 20 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 1, 1874		9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT	
11. BIRTHPLACE SAINT LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY TOBACCO	

13a. FATHER'S NAME C.F.W. RIEKE		13b. MOTHER'S MAIDEN NAME CAROLINE NIEHAUS		14. NAME OF HUSBAND OR WIFE CLARA RIEKE (REINHARDT)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS WM. F. RIEKE, 117-22 226nd St. Cambria Heights, N.Y. 11 N.Y.	

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) Chronic Myocarditis Arterio Sclerosis 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. Spinal Arthritis		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 10 yrs +	
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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) no		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? 4221	
22. I hereby certify that I attended the deceased from Feb 7, 1955 to Feb 20, 1955, that I last saw the deceased alive on Feb 14, 1955, and that death occurred at 4:45 P. m., from the causes and on the date stated above.					

23a. SIGNATURE Dr. Mrs. J. Langford M.D.		23b. ADDRESS 5803 Plymouer av		23c. DATE SIGNED Feb 22/55	
24a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 23, 1955		24c. NAME OF CEMETERY OR CREMATORY BETHANY CEMETERY	
24d. LOCATION (City, town, or county) SAINT LOUIS COUNTY, MISSOURI					

DATE REC'D BY LOCAL REG. FEB 23 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE, 15	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EXPIRES 6 6 1955

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 *John A. Mlinar*.....

Licensed Embalmer No....418

P. O. Address *Sp. 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.