

FILED AUG 10 1955

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24687

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1713

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE Missouri b. COUNTY St. Louis |   |
| b. CITY (If outside corporate limits, write RURAL and give township) Clayton, | c. LENGTH OF STAY (In this place) D.O.A. | c. CITY OR TOWN Florissant  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital             |  | e. STREET ADDRESS (If rural, give location) 2090 Washington   |   |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Louis b. (Middle) Charles Riedlinger. Sr. c. (Last) |  |  | 4. DATE OF DEATH (Month) (Day) (Year) 7-25-1955 |  |  |
|---|--|--|---|--|--|

|             |                        |  |                            |                                    |                        |                      |                       |                      |
|-------------|------------------------|--|----------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 7-24-1890 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------|------------------------|--|----------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

|   |  |  |  |  |                                    |
|---|--|--|--|--|------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker |  | 10b. KIND OF BUSINESS OR INDUSTRY Bakery | 11. BIRTHPLACE (City and State or Foreign Country) Germany |  | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
|---|--|--|--|--|------------------------------------|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME Charles C. Riedlinger | 13b. MOTHER'S MAIDEN NAME Mathilda-unknown | 14. NAME OF HUSBAND OR WIFE Theresa C. Riedlinger |
|--|--|---|

|   |                                     |  |         |
|---|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 492-36-2865 | 17. INFORMANT'S SIGNATURE OR NAME Theresa C. Riedlinger-Florissant, Mo | ADDRESS |
|---|-------------------------------------|--|---------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes  |  | INTERVAL BETWEEN ONSET AND DEATH 2 wks |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                     |                         |
|--|-------------------------------------|-------------------------|
| 23a. SIGNATURE (Degree or title) Herbert R. Domke, M.B., Local Registrar | 23b. ADDRESS 651 S. Brentwood Blvd. | 23c. DATE SIGNED 8-1-55 |
|--|-------------------------------------|-------------------------|

|  |                     |   |  |
|--|---------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 7-28-1955 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri |
|--|---------------------|---|--|

|                                  |  |   |         |
|----------------------------------|--|---|---------|
| DATE REC'D BY LOCAL REG. 7/27/55 | REGISTRAR'S SIGNATURE Herbert R. Domke, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE White Chapel-Ferguson, Mo. | ADDRESS |
|----------------------------------|--|---|---------|

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

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 *Melvin L. Kemp*

Licensed Embalmer No. *405*

P. O. Address *3505 Da  
St. Louis 20*

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.