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FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31846

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2164

1. PLACE OF DEATH a. COUNTY: St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights c. LENGTH OF STAY (in this place): 1 wk.	c. CITY OR TOWN: St. Louis d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital	STREET ADDRESS (If rural, give location): 3611 Steins St. 201

3. NAME OF DECEASED (Type or Print)	a. (First): Paul	b. (Middle):	c. (Last): Riesz	4. DATE OF DEATH (Month) Sept. (Day) 14 (Year) 1955
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Apr. 19, 1885	9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Tavern operator	11. BIRTHPLACE (City and State or Foreign Country): Hungry	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Paul Riesz	13b. MOTHER'S MAIDEN NAME: Magdalena Dorung	14. NAME OF HUSBAND OR WIFE: Anna Riesz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 488-32-3291	17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elizabeth Meier ADDRESS: 3611 Steins St.		

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, asthenia, 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)	Cardiac decompensation	4 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	10 years
DUE TO (c)	Cerebro-vascular accident	1 week
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: 33 1X	20. AUTOPSY? YES ☐ NO ☑
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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-28-, 1945, *to* 9-14-, 1955, *that I last saw the deceased alive on* 9-14-, 1955, *and that death occurred at* 11:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Rubling, Mrs. (Degree or title)	23b. ADDRESS: 5203 Chippewa	23c. DATE SIGNED: 9-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Sept. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.		
DATE REC'D BY LOCAL REG.: 9-16-55	REGISTRAR'S SIGNATURE: Herbert R. Domke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.

SG. (Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Linus C. Hoffmeist

Licensed Embalmer No. 38

P. O. Address 7814 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.