

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42887

State File No. _____

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 3077

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flordell Hills</u> <u>4140</u>	
c. LENGTH OF STAY (In this place) <u>30 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>7020 Glenboro</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Short St. & Wabash St.</u>			

3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Rieck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 6, 1895</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days Hours Mins.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Dye Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Frederick Rieck</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McLafferty</u>		14. NAME OF HUSBAND OR WIFE <u>Mildreth Rieck</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>456-18-4272</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Rieck, Flordell Hills, Mo.</u> ADDRESS _____	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery sclerosis with coronary arteriosclerosis</u>		ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c) <u>Generalized arteriosclerosis (mod) Plurifocal arteriosclerosis (mod) High tension arteriosclerosis Heart disease (moderate)</u>		DUE TO (d) <u>Swind</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>4200 4201</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 9/6, 1955, to 12/26, 1955, that I last saw the deceased alive on 12/26, 1955 and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>462 N. Tupper St. St. Louis, Mo.</u>		23c. DATE SIGNED <u>12/30/55</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Lormier Cemetery Cape Girardeau, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REP. <u>12-30-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Walthers Funeral Home, Cape Girardeau</u>	
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(Licensed Embalmer's Statement on Reverse Side)

MO.

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

JAN 28 1956

FEB 16 1956

FEB 25 1956

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Jennings, M

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.