

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1956

State File No. **7679**

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 344
1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN LEMAY)	c. LENGTH OF STAY (In this place) 2 yrs	c. CITY OR TOWN LEMAY MO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1247 MELVIEW CT		e. STREET ADDRESS (If rural, give location) 1247 MELVIEW COURT		
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) J. c. (Last) RIES		4. DATE OF DEATH (Month) (Day) (Year) FEB. 3 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 6 1900	9. AGE (In years last birthday) 56 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 GROCER		10b. KIND OF BUSINESS OR INDUSTRY OWN-BUSINESS		11. BIRTHPLACE (City and State or Foreign Country) GERMANY 12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME JACOB RIES		13b. MOTHER'S MAIDEN NAME MARGARET PASTER		14. NAME OF HUSBAND OR WIFE MARIE RIES
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. 486-38-7610		17. INFORMANT'S SIGNATURE OR NAME MARIE RIES ADDRESS 1247 MELVIEW
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC VALVULAR HEART DISEASE WITH PASSIVE CONGESTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 40 YRS. 4 YRS
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) 414X
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 2-2- , 19 55 , to 2-3- , 19 56 , that I last saw the deceased alive on 2-3- , 19 56 , and that death occurred at 5:00 m., from the causes and on the date stated above.				
23a. SIGNATURE Kenny Logan MD (Degree or title)		23b. ADDRESS 818 Olive St		23c. DATE SIGNED 2/4/56
24a. DATE FEB. 6 1956		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. 2-5-56		REGISTRAR'S SIGNATURE Herbert B. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutas 2916 ADDRESS _____

Licensed Embalmer's Statement on Reverse Side

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

No. 300
10.48

Paul ...

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 *James E. White*.....

Licensed Embalmer No. *434*.....

P. O. Address *2906 E.*.....

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.