

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. **40022**

BIRTH NO. **3** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2662**

1. PLACE OF DEATH a. COUNTY ST. Louis county Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give RURAL and give township) Ball Bluff c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN APFTON 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 ST. LOUIS COUNTY HOSPITAL		e. STREET ADDRESS (If rural, give location) 12334 TESSON FERRY RD	

3. NAME OF DECEASED (Type or Print) Peter		a. (First) Peter b. (Middle) Reiger c. (Last) Reiger		4. DATE OF DEATH (Month) (Day) (Year) 11 8 56	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JULY 20 1925		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY UNITCO BISCUIT, CO		11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA HUNGARY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME RIEGER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE THERESA RIEGER (DEC'D)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-07-6994	
17. INFORMANT'S SIGNATURE OR NAME ANNA ANDOR		ADDRESS 5010 S. GRAND			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ascending Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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. Osan, arterio-sclerosis. Obstructive jaundice - etiol.?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION - no operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **11-5, 1956**, to **11-8, 1956**, that I last saw the deceased alive on **11-8, 1956**, and that death occurred at **5:55 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Robert M. Szymms. (Degree or title)		23b. ADDRESS 601 So. Brentwood		23c. DATE SIGNED 11-8-56	
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24a. BURIAL (Specify)		24b. DATE Nov. 10 1956		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	

DATE REC'D BY LOCAL REG. 11-9-56		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutes ADDRESS 2906 Garvis	
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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..... *James C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Du*

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.