

Health, Welfare, Public Service

300-56

Director, coroner, etc. must use only standard memoranda in item 18. No symptoms were observed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

43755

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11744

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in lb 4 months	STREET ADDRESS 6226 Southwood		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) THE REV. PROF. PAUL			First Middle Last H. RIEDEL	4. DATE OF DEATH Dec. 22 1956 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30, 1921	9. AGE (In years last birthday) 35 yrs. 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) Professor		10b. KIND OF BUSINESS OR INDUSTRY Theological Seminary	11. BIRTHPLACE (City and state or country) Winnepeg, Canada		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rev. M. Walter Riedel			14. MOTHER'S MAIDEN NAME Anna Duerr		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-28-1083	17. INFORMANT Mrs. Davida Blake Riedel, 6226 Southwood Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1.) Bilateral Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 2.) Rt. Branch pneumonia DUE TO (c) 3.) Fatty Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Ruptured appendix with Peritonitis, operated 12/11/56.					INTERVAL BETWEEN ONSET AND DEATH 1 week 5 days 10 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 550.1			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 12/8/56.		20f. CITY, TOWN, OR LOCATION COUNTY STATE 12/22/56.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. E. Stadel, M.D. (Deedee or title)			22b. ADDRESS 3701 Grandel Sq.		22c. DATE SIGNED 12/22/56.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-27-56	23c. NAME OF CEMETERY OR CREMATORY Geo. Washington Memorial Cemetery, Paramus, N.J.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. DEC 24 1956	26. REGISTRAR'S SIGNATURE Carl Smith M.D. M.D.S.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 \_\_\_\_\_  
*[Handwritten Signature]*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_  
*[Handwritten Address]*

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.