

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3033**  
202  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>4524 MAPLEWOOD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>14 JEWISH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>27 7825 WILLIAMS AV.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS</b> b. (Middle) <b>A.</b> c. (Last) <b>RIEMER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 7, 1957</b>	
5. SEX <b>♂</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 2 1898</b>
9. AGE (In years last birthday) <b>58</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER + MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO SUPPLY STORE</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>D ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>JOSEPH RIEMER</b>	13b. MOTHER'S MAIDEN NAME <b>MARI SCHALL</b>	14. NAME OF HUSBAND OR WIFE <b>REVA M. RIEMER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>497-01-2504</b>	17. INFORMANT'S SIGNATURE OR NAME <b>REVA M. RIEMER</b>	ADDRESS <b>7825 WILLIAMS AV.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 Weeks</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis - Biliary</b>		DUPLICATE (b) <b>None</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>		

19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	<b>581.0</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **12-17, 1956** to **1-7, 1957** that I last saw the deceased alive on **January 7, 1957**, and that death occurred at **11PM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Probst</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4500 Olive St. Louis 8</b>	23c. DATE SIGNED <b>1/8/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 10, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>JAN 8 '57</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MARY O'ROGHAN</b>	ADDRESS <b>7146 MANCHESTER AV. ST. LOUIS, 17, MO.</b>
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(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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *W E Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address *St Louis* .....

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.