FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7146

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 396

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, give TOWNSHIP only) OR TOWN Robertson — Inside Limits Yes X No ☐	c. CITY OR TOWN Robertson 4000 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route #3 - Box #814 — Length of stay in 1b Years	d. STREET ADDRESS (If outside, give location) Route #3 - Box #814 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First DANIEL	Middle BRUCE	Last RIEGEL	4. DATE OF DEATH Month Day Year February 11th, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH February 19,1951	9. AGE (In years last birthday) 5 — 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) None	10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Carl R. Riegel		14. MOTHER'S MAIDEN NAME Della Mae Whitworth		
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. None	17. INFORMANT Carl R. Riegel — Address Rt.#3 - Box #814		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to strangulation (accidental) — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 9360

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 22

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Playing in tree in rear yard of family home when he evidently lost hold and his coat collar caught on a limb, holding him fast.

20c. TIME OF INJURY Hour ~~XXX~~ p. m. Month, Day, Year 4:05 2/11/57 body found

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) rear yard of home

20f. CITY, TOWN, OR LOCATION Robertson — COUNTY St. Louis — STATE Mo.

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____ Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond L. Davis Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 2/14/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2 / 14 / 57	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR C. R. Lupton & Sons — ADDRESS 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 2-12-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke MD	

(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 er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signed Clarence F. Murr

Signature of Student Embalmer

Licensed Embalmer No. 40

P. O. Address St. Louis

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.