

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15194

FILED APR 18 1957

State File No. ....

BIRTH NO. 1282-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3047

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis Hospital</u>                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>FRANKLIN</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u> |  | c. CITY OR TOWN <u>GREY SUMMIT</u>  |  |
| c. LENGTH OF STAY (In this place) <u>7 DAYS</u>                                   |  | 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 <u>23 ST. JOHN HOSPITAL</u>               |  | e. STREET ADDRESS (If rural, give location) <u>317 N. # 100</u>   |  |

|  |                           |   |  |   |  |
|--|---------------------------|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>DONALD</u><br>b. (Middle) <u>RIEGER</u><br>c. (Last) <u>RIEGER</u> |                           |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>3-28-57</u> |   |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u> | 8. DATE OF BIRTH<br><u>1-3-57</u>                          | 9. AGE (In years last birthday) <u>2</u>                                  | IF UNDER 1 YEAR Months <u>25</u> Days <u>25</u> Hours <u></u> Mts. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                |                           | 10b. KIND OF BUSINESS OR INDUSTRY                               |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, Mo.</u> |  |
| 13a. FATHER'S NAME <u>WILSON RIEGER</u>  |                           |   | 13b. MOTHER'S MAIDEN NAME <u>MILDRED EIFERT</u>            |   | 14. NAME OF HUSBAND OR WIFE <u>U.S.A.</u>                                  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u></u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>William Rieger, Grey Summit, Mo.</u> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital absence of Biliary tract</u> |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>Life</u> |

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|--|--|---|--|
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Congenital absence of biliary tract</u> |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>756.2</u>   |  |
| 20. AUTOPSY? YES <input checked="" 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 3-17-57 10 3-28, 1957, that I last saw the deceased alive on 3-28, 1957, and that death occurred at 2 P.M., from the causes and on the date stated above. 3-29-57

|  |  |  |  |
|--|--|--|--|
| 23a. SIGNATURE <u>Jos. P. Costello</u> (Degree or title) (U) 23b. ADDRESS <u>1952 Maryland</u> |  | 23c. DATE SIGNED <u>3/24/57</u>                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>3-30-57</u>                                       |  |
| 24c. NAME OF CEMETERY OR INTERMENTARY <u>BETHEL CEM.</u>                                       |  | 24d. LOCATION (City, town, or county) (State) <u>POND, Mo.</u> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>MAR 29 57</u> |  | REGISTRAR'S SIGNATURE <u>Carl Smith</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHRADER</u> ADDRESS <u>Ballwin, Mo.</u> |  |
|---|--|---|--|--|--|

WRITE PLAINLY—USING UNFAADING 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 *Richard Bopp*.....

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, Mo.*

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.