

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 0 2 2 2 6 8  
State File No.

BIRTH NO.		REG. DIST. NO. <u>308</u>	PRIMARY REG. DIST. NO. <u>4454</u>	Registrar's No. <u>5</u>
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Augusta Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Augusta Mo</u>		
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS <u>0920</u> (If rural give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>RIEDEL</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-57</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 23-1879</u>	9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Knoenschel</u>		13b. MOTHER'S MAIDEN NAME <u>Lophie Brehm</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Riedel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gen. R. S. Riedel</u> ADDRESS <u>Crystal City, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>  <u>15 yrs</u>  <u>5 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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 <u>Aug. 15, 1933</u> , to <u>June 11, 1957</u> , that I last saw the deceased alive on <u>June 9, 1957</u> , and that death occurred at <u>5 A. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>M. Schirmer</u>		23b. ADDRESS <u>MO</u>		23c. DATE SIGNED <u>6-14-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Final</u>		24b. DATE <u>6-14-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leuthern Cemeter</u>
24d. LOCATION (City, town, or county) (State) <u>Augusta Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Muehony</u> ADDRESS <u>Wentzville, Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 14, 1957</u>		REGISTRAR'S SIGNATURE <u>Mrs Viola Flusmeier</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48399  
0

**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 .....  
Student Embalmer

Signed Howard O Kesler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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 this body is not embalmed, fact should be so stated above.