

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

29944

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7420**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) St. Anthony's Hosp		d. STREET ADDRESS 7104a Pennsylvania	
3. NAME OF DECEASED (Type or print) Amelia Riemann		4. DATE OF DEATH Aug. 6, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		9b. AGE (In years last birthday) 71	
10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
13. FATHER'S NAME Wm. Munstermann		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Evalyn Rettig		Address 8616 So. Grand	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarct ant. wall left ventricle Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ch. myocardial disease & hypertension. 420.1. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 15 min ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/1/57 to 8/6/57 and last saw her alive on 8/6/57 Death occurred at 10:10 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Ziegenhein		22b. ADDRESS 5203 Chippewa	
		22c. DATE SIGNED 8/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 8/10/1957	
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR J. L. Ziegenhein & Sons		25. DATE RECD. BY LOCAL REG. AUG 8 1957	
ADDRESS 7027 Gravois		26. REGISTRAR'S SIGNATURE J. Carl Smith MO	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

St. Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared for burial by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Donald E. Benz*

Licensed Embalmer No. *48*

P. O. Address *707 1/2*

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.