Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-012214
STATE FILE NUMBER

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2440

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Deaconess Hospital — Length of stay in 1b: 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 8671 Rosalie Ave. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Robert Middle I. Last Rigler
4. DATE OF DEATH: Month 2 Day 27 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 11, 1872
9. AGE (In years last birthday): 85 — 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): Physician & Surgeon
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): - Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Washington B. Rigler
13b. MOTHER'S MAIDEN NAME: Melinda Ellen Long
14. NAME OF HUSBAND OR WIFE: Ennis E. Rigler
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: Walton Rigler Address: 4924 Farlin Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Entero-colitis; dehydration; uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~
DUE TO (c) 571.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a): (1) Pernicious anemia (2) Arteriosclerotic H. disease
19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Oct. 1957, to Feb. 27, 58 and last saw her/him alive on Feb 26, 1958.
Death occurred at 1:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Birkle Eck (Degree or title) M.D. — 22b. ADDRESS 508 N. Broad — 22c. DATE SIGNED Feb 28, 58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal — 23b. DATE: 3/1/58 — 23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery — 23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral, 1905 Union Blvd. — ADDRESS
25. DATE RECD. BY LOCAL REG.: FEB 28 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Birkle Eck
508 N. Grand
Je 149501
Hrs. 9:30-12 A.M. Fri.

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 ....Albert R. Thompson....

Licensed Embalmer No. 4237

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.