

Health, & Welfare
Public Health Service

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027375
STATE FILE NUMBER 7179

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <i>ST. LOUIS, MO.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1</i>		Length of stay in 1b <i>25</i>	d. STREET ADDRESS (If outside, give location) <i>4418 1/2 St. Louis Ave</i>
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle Last <i>Riese</i>		4. DATE OF DEATH Month <i>JULY</i> Day <i>20</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 6 1979</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House painter</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>79</i>
13a. FATHER'S NAME <i>Federick Riese</i>		13b. MOTHER'S MAIDEN NAME <i>Wilma Werner</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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. <i>442-01-1908</i>	14. NAME OF HUSBAND OR WIFE <i>Ella Riese</i>
17. INFORMANT <i>Mrs. Ella Riese</i>		Address <i>4418 1/2 St. Louis Ave</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>aspiration pneumonia</i> <i>gastrointestinal bleeding</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (a) <i>gangrene left foot - Stage 2</i> (b) <i>operational stroke</i> (c) <i>no autopsy</i>			
19a. 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.) <i>Operational stroke</i>		
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <i>7/16/58</i> to <i>7/20/58</i> and last saw her alive on <i>7/20/58</i> Death occurred at <i>5:15 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Rhys O. Williams, M.D.</i>		22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	22c. DATE SIGNED <i>7/21/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7-23-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
24. FUNERAL DIRECTOR <i>John Piggan & Son</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 21 1958</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>
ADDRESS <i>5541 Riverview</i>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *JWRister*

Licensed Embalmer No. *3980*

P. O. Address *St Louis 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.