Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004028

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lemay — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Lemay 4878 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 227 Vida — Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 227 Vida — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Beborah	Middle Ann	Last RIESS	4. DATE OF DEATH Month Day Year Jan. 2, 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept. 25, 1956 — 9. AGE (In years last birthday) 2 — 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) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ralph Riess	13b. MOTHER'S MAIDEN NAME Dorothy John	14. NAME OF HUSBAND OR WIFE --	
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 Address Ralph Riess, 227 Vida	

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) Heart failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Heart disease

DUE TO (c) 7545

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mongolism - MALNUTRITION

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 Sept 1956, to 1-2-59 and last saw her/him alive on Feb 1958

Death occurred at 7:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul G Fitiel M.D.	22b. ADDRESS 2627 TELEGRAPH	22c. DATE SIGNED 1-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 1-5-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Lemay, Mo.
24. FUNERAL DIRECTOR ADDRESS Fendler Und Co 7420 Michigan (11)	25. DATE RECD. BY LOCAL REG. 1-2-59	26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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.