RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024903

STATE FILE NUMBER

FILED VS JUL 15 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6581

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 1 year

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4318 W. Florissant Avenue — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4318 W. Florissant Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Fred Middle: A Last: Riess

4. DATE OF DEATH Month: June Day: 25 Year: 1960

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-8-1899

9. AGE (last birthday): 61

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fred Riess

13b. MOTHER'S MAIDEN NAME: Elizabeth Sill

14. NAME OF HUSBAND OR WIFE: Mildred Riess

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.

17. INFORMANT: Mrs. Mildred Riess, Address: 4318 W. Florissant

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — years

DUE TO (c) 420.0

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

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 July, 1959, to and last saw him alive on 6/25/1960

Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert A Meyer M.D.

22b. ADDRESS 950 Francis Place, Clayton 5

22c. DATE SIGNED 6-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 29, 1960

23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av

25. DATE RECD. BY LOCAL REG.: JUN 28 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Allen W. Natz, Student Embalmer No. 373

working under my personal supervision.

Student _____ Signed Allen W. Natz

Signature of Student Embalmer

Licensed Embalmer No. 373

P. O. Address St. Jam

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.