

AMENDED **F** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3521-61-015558**
APR 24 1961

DATE AMENDED: 5/15/61, 5/15/61
 INSTEAD OF: Acute Cardiac Failure, Acute viral Septicemia
 ITEM NO. SHOULD READ: 18a Lobular Pneumonia--2 days
 BY AFFIDAVIT OF: Attending physician

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 lb	c. CITY OR TOWN St Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony, s Hoasp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 514 Fassen Street
3. NAME OF DECEASED (Type or print) First Laura Middle Jean Last Riebold			4. DATE OF DEATH Month April Day 12 Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) IF UNDER 1 YEAR: Months 1 Days 20 IF UNDER 24 HR: Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME George Riebold		13b. MOTHER'S MAIDEN NAME Kathleen Franke	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address George Riebold 514 Fassen Street
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ac Cardiac Failure DUE TO (b) Ac Viral Septicemia DUE TO (c) 491X Lobular Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 7:45 a.m. Month, Day, Year 4-10-61		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 2-22-61 to 4-12-61 and last saw her alive on 4-10-61 Death occurred at 7:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) Charles A. Hester M.D.		22b. ADDRESS 5600 S Compton	22c. DATE SIGNED 4-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/14/61	23c. NAME OF CEMETERY OR CREMATORY St John, s Cemetery	23d. LOCATION (City, town, or county) (State) Rock Creek Missouri
24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen		25. DATE RECD. BY LOCAL REG. APR 14 1961	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

DOCUMENT
 MEDICAL CERTIFICATION

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 Walter R. Jeller Jr
Licensed Embalmer No. 9950
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.