

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24407

1. PLACE OF DEATH

County.....

Registration District No. 179L

Township.....

Primary Registration District No. 10053

City.....

(No. Missouri Baptist Sem. St. Ward)

File No.....

6531

Registered No.....

2. FULL NAME Henry H. Riede

(a) Residence, No. 4258 Desoto St. 10 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	Male	White	Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Riede				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-14-1863				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	1	0	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10				
MOTHER	13. NAME Michael Riede			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) Mary A. Riede 4258 Desoto				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE		DATE		
Calvary		7/18 1932		
19. UNDERTAKER (ADDRESS) H. A. Stark and Co. 211 N. 2nd St. St. Louis				
20. FILED 16 1932 19 Miss O. Stark Registrar				

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932

22. I HEREBY CERTIFY That I attended deceased from June 9th 1932 to July 14 1932

I last saw him alive on July 14 1932 Death is said to have occurred on the date stated above, at 8:35 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma pharynx
arteries walls with
invasion of larynx.
47A/M/C

Date of onset noticed 2 mo

Other contributory causes of importance: Biloucho Pneumonia 7-11-32

Tracheotomy July 10 1932

Name of operation and Date July 5 1932

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. C. Randle M. D.

(Address) 302 Univ. Club Bldg. St. Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

COPY WITH ONWARDING INK—THIS IS A PERMANENT RECORD

Dr. Landree
Uni. Club fld.

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