WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 2 - 1934

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

Do not use this space.

26151

1. PLACE OF DEATH
County St Charles — Registration District No. 760 — File No. 2
Township Dardenne — Primary Registration District No. 6001 — Registered No. 36
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Amelia P. Rieffer
(a) Residence, No. St Peters Mo. St., R. 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Mr. Harmon Rieffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20-1883

7. AGE — YEARS 50 — MONTHS 10 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
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) St Charles Co. Mo.

FATHER
13. NAME Wm Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo.

MOTHER
15. MAIDEN NAME Kasper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co. Mo

17. INFORMANT (ADDRESS) Harmon Rieffer St Peters Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Coldwell Mo DATE July 10, 1934

19. UNDERTAKER (ADDRESS) E. A. Keithly Fallon Mo

20. FILED 7/13, 1934 W C Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to —, 19....
I last saw her alive on July 6, 1934. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	8 months ago

Other contributory causes of importance:
Hypertension
General Arterio Sclerosis

Name of operation None Date of .....
What test confirmed diagnosis? EKG 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) Hiram S. Lizzitt, M. D.
(Address) Washington University Dispensary