

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

Do not use this space.

42998

1. PLACE OF DEATH **DEC 3 1936**

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **St. Anthony Hospital**)

File No.....
Registered No. **11573**
St. **11573** (Ward)

2. FULL NAME **Mrs. Rose M. Rieth**

(a) Residence, No. **4008 Keokuk St.** St. **16** Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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. Edward J. Rieth**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 16, 1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

37 2 4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Household**

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) **Wittenberg,** (STATE OR COUNTRY) **Missouri**

FATHER

13. NAME **John G. Oehlert**

14. BIRTHPLACE (CITY OR TOWN) **Perry County,** (STATE OR COUNTRY) **Missouri**

MOTHER

15. MAIDEN NAME **Amelia Diederich**

16. BIRTHPLACE (CITY OR TOWN) **Perry County,** (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mr. Edward J. Rieth**
4008 Keokuk

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park** DATE **Nov. 23rd, 1936**

19. UNDERTAKER **Beiderwieden Funeral Home, Inc.** (ADDRESS) **1936 St. Louis**

20. FILED **NOV 22 1936** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 20, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 30**, 19**35** to **Nov 20**, 19**36**
I last saw her alive on **Nov 20**, 19**36** Death is said to have occurred on the date stated above, at **1:15 P.M.**

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

Diffuse necrosis of liver probably due to poisoning caused by syphilis

Other contributory causes of importance? **C. N. S. Lesions**

Date of onset **do not know**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Roland G. Koehn**, M. D.
(Address) **2901 California Ave**

Dr. S. A. K
2701 California
1:30 - 3 8-9