

JAN 10 1938

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

43221
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **2101 North Broadway** Registered No. **1471**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Riefle,**

(a) Residence, No. **2101 North Broadway** St. **26**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Mlae** 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 **Clara Riefle,**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 16th 1885**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 **2** **27**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Resturant**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation **26**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Anthony Riefle**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

MOTHER 15. MAIDEN NAME **Caroline Lerchluder**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

17. INFORMANT **Mrs. Riefle,**
(ADDRESS) **2101 North Broadway**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cen.** DATE **Dec. 16 1937**

19. FUNERAL DIRECTOR **Hy. Radner and Co.**
(ADDRESS) **1417 N. Market Street,**

20. FILED **DEC 14 1937**
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1 1937** to **Dec 13 1937**
I last saw him alive on **Dec 13 1937**. Death is said to have occurred on the date stated above, at **12:30 P. M.**
The principal cause of death and related causes of importance were as follows:

Delirium tremens
Bronchis Pneumonia
Date of onset **Dec 1 1937**

Other contributory causes of importance:
Bronchis Pneumonia

Name of operation Date of
What test confirmed diagnosis? 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 **George Mueller**, M. D.
(Signed) **George Mueller**
(Address) **1502 St Louis**

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.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Al. H. Siedler

Licensed Embalmer No. *22 56*

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.)