

REC'D APR 12 1939

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

8434
Do not use this space.

1. PLACE OF DEATH
(a) County..... 2 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003 Registered No..... 2199
(c) City..... ST. LOUIS, MO. (d) Street No..... 1541 A S. JEFFERSON St.
(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 FRIEDERICA RIETH
(a) Residence, No. 1541 A S. JEFFERSON AV. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John RIETH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 1-1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 2 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWORK
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 b
13. NAME FATHER JOHANN GNAU b
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY b
15. MAIDEN NAME MOTHER MARY ZOST b
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) FRANK RIETH 1541 A S. JEFFERSON AV.
18. BURIAL, CREMATION, OR REMOVAL PLACE PARK SUNSET BURIAL DATE MARCH 8, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur 3125 Lafayette St. av.
20. FILED 19 MAR 7 1939 J. B. Puchner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to MAR 6, 1939
I last saw h. u. alive on MAR 5, 1939. Death is said to have occurred on the date stated above, at 8:10 A. M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 5 yrs +
Arteriosclerosis Chro. 5 yrs +
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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?
If so, specify _____
(Signed) Albert J. Masel, M. D.
(Address) 2739 No. Grand Blvd

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Joseph Volmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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 this body is not embalmed, above space should be left blank.