REC'D MAY 10 1939

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

13025
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3367
(c) or City St. Louis, Mo. (d) Street No. 917a North 9th Street 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 Stella Ries,
(a) Residence, No. 917a North 9th Street St. 25
(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: 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: Daniel Ries
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14th, 1896
7. AGE: YEARS 42 | MONTHS 5 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bonne Terre, Mo. 0

FATHER
13. NAME: Henry Blandon, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

MOTHER
15. MAIDEN NAME: Mary Pullem,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

17. INFORMANT (ADDRESS): Mr. Daniel Ries, 917a North 9th Street.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE April 12th 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Henry Leidner Und. Co 1417 N. Market Street.
20. FILED APR 11 1939 J. F. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to Apr 9, 1939
I last saw her alive on Apr. 9, 1939 Death is said to have occurred on the date stated above, at 1:45 A.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of both Lungs
Date of onset
Other contributory causes of importance: J3
Name of operation ..... Date of .....
What test confirmed diagnosis? J. B. 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) Dr Clay Allen, M. D.
(Address) 5912 So Hampshire Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-1938 I X16605

Aldrum
5912 St. Kingsleigh
Ri. 5220

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 John C. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Av

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.