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121492

Registration District No. **79125 1940**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7614 Alabama
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **60 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **7614 Alabama** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **60** years.

3. (a) PRINT FULL NAME **Friedericka Reidel**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Julius, Sr.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 26 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Fred Linn**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sophia Bieger**

(b) Address **7614 Alabama**

17. (a) **Burial** (b) Date thereof **Sep. 24, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **John Ziegenhauer**

(b) Address **7027 Gravois Ave.**

19. (a) **SEP 23 1940** (b) _____
(Date received for filing) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21**
year **1940** hour **12** minute **15** a.m.

21. I hereby certify that I attended the deceased from **Nov. 10 1949 to Sept. 21 1940**
that I last saw him alive on **Sept. 21 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence _____

(c) Where did injury occur? **None**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Joseph B. Vite** (M. D. or other) _____

Address **3805 S. Broadway** Date signed **21/14/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *4930^a Robert*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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