

FILED FEB 25 1941

Primary Registration District No.

1003

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

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:
Ear. Route to City Hosp #13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME WALTER RIESNER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSE RIESNER 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased MAY 8 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation BAR TENDER

11. Industry or business _____
MOTHER FATHER { 12. Name AUGUST RIESNER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name JULIA HUBER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Julia Riesner
(b) Address 2301 S. Angelia St
17. (a) BURIAL (b) Date thereof JAN 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM

18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge
19. (a) JAN 18 1941 (b) J. H. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 120
(If outside city or town limits, write "RURAL")
(d) Street No. 2312 NEW HOUSE
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th
year 1941 hour 11:50 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Stenosis; Chronic Myocarditis;

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (Specify type of place) _____ (Specify type of place)
Means of injury 3

23. Signature Alfred J. Perry (M. D. or other) _____
Address _____ Date signed 1/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Jay W. Wilkinson*

..... Licensed Embalmer No. *3575*

P. O. Address

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.