

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 974
Registrar's No. 974

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo

(c) Name of hospital or institution:
6245 San Bonita
(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 HERMAN RIEDEL.

3. (b) If veteran, name war unknown 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta Riedel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 23, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0.</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace York Town, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-

11. Industry or business Sales Dept.-Bush Brewery

MOTHER FATHER

12. Name Moritz Riedel

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Orienbach

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

16. (a) Informant Arthur Riedel.
(b) Address 6245 San Bonita

17. (a) Cremation (b) Date thereof 1-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) 1-29-41 (b) J. N. Bredbeck
(Water received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 9 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6245 San Bonita
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1941 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from Aug 5 1912
_____ 19____ to Jan 28 1941;
that I last saw him alive on Jan 28 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 2 wks.

Due to Arteriosclerosis 38 yrs

Due to _____

Other conditions Nephritis (chronic) 3 yrs.
(Include pregnancy within 6 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 121

Underline the cause to which death should be charged statistically.

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 office)

(2) Means of injury _____

23. Signature Carl Alvares (M. D. or other)
Address 3248 Lafayette Date signed 1/29/41

3248 Lafayette
St. Louis Mo
290-1-2

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address St Louis Mo

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.