

No. 2  
4-13-40  
5-17-40  
PI X22

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

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: **909 Geyer Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **33 years** / (Specify whether  
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. **909 Geyer Ave.**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Fred J. Rieken**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frances** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **March 21, 1883**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **4** Days **17** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Barber**

11. Industry or business \_\_\_\_\_

12. Name **Fred J. Rieken**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Victor Rieken**

(b) Address **909 Geyer Ave.**

17. (a) **Burial** (b) Date thereof **8/11/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **O.S.S. Peter & Paul**

18. (a) Signature of funeral director **Wacker-Wellerte**  
(b) Address **3634 Gravois Ave**

19. (a) **AUG 9 1941** (b) **J. J. Brudick**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATION  
No attending physician

20. DATE OF DEATH: Month **Aug.** day **7**  
year **1941** hour **7** minute **18 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 **Arteriosclerosis; Chronic Nephritis** *Enterobilitis*

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) (or) Means of injury \_\_\_\_\_

23. Signature **Alfred Perry** (M. D. or other) **3**  
Address \_\_\_\_\_ Date signed **8/9/41**

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

MOTHER FATHER

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 Frank J. Delaney  
Licensed Embalmer No. 2645  
P. O. Address Brooklyn

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, fact should be so stated above.