

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2257

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-Days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 443 N. Kirkwood Rd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7
year 1941 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct-10
1941 to Nov-7 1941
that I last saw her alive on Nov 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial
Pneumonia Duration 11 days

Due to Myocarditis 2 yrs
Due to Tuberculosis (Fibrotic) 2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 13/11 PHYSICIAN _____

Of autopsy enlarged heart - Reactions
old fibrotic tuberculosis 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 place) _____ (Means of injury)
23. Signature Ralph E. Guston (M. D. or Ch)
Address Webster Groves Mo Date signed 11/8/41

3. (a) PRINT FULL NAME Minnie Ries

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, Single

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

7. Birth date of deceased. June 20 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Charles Ries

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

14. Maiden name Cecelia Kramer

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

16. (a) Informant Mrs. Josephine Klein

(b) Address 443 N. Kirkwood Rd.

17. (a) Burial (b) Date thereof 11-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Louis N. Bopp Inc

(b) Address Kirkwood, Mo

19. (a) NOV 9 1941 (b) C. H. Mc Gurn M.D.
(Date received local registrar) (Registrar's signature)

107 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 M. Meyer

Licensed Embalmer No.....

3588

P. O. Address.....

Kirkwood, 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, fact should be so stated above.