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S. No. 2
FORM-5-42
Rev. 5-17-39
X32873

39233

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10956**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 Mos. 19 Days**
(Specify whether)

In this community **30 Years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri.** (b) County **17**

(c) City or town **St. Louis.** **9 26**
(If outside city or town limits, write "RURAL")

(d) Street No. **1539a Benton St.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Oscar Charles Riess**

3. (b) If veteran, name war **No.**

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 **Alma Riess** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **December 2 1886.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 **0** **25** hr. min.

9. Birthplace **S. t. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Worker, Retired.**

11. Industry or business.....

MOTHER FATHER

12. Name **Charles Riess.**

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

14. Maiden name **Marie Myros.**

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

16. (a) Informant **Alma Riess.**
(b) Address **1539a Benton St.**

17. (a) **Burial** (b) Date thereof **12-30-42.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **OFC 29 1943** (b) **J. J. Budek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **27,**
year **1942** hour **9:45** minute **P. M.**

21. I hereby certify that I attended the deceased from **July 8,** 19**42**, to **December 27,** 19**42**,
that I last saw h. **in** alive on **December 27,** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **1 1/2**

Major findings: Of operations.....

Of autopsy **None**

PHYSICIAN
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) (c) Means of injury.....

23. Signature **W. J. Maack** (M. D. or other)
Address **1515 Lafayette Avenue,** Date signed **12/27/42**

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

20-000 100 2.1 10

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 P. Buchholz*
Licensed Embalmer No. *1074*
P. O. Address *3221 St Louis Ave*

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.