S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3570

FILED FEB 13 1945

Registration District No. 3069 Primary Registration District No. 3069 Registrar's No. 2891

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1717 Bonita
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1717 Bonita Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arnold Riegert

3. (b) If veteran, name war None

3. (c) Social Security No. 492-01-3916

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct. 2, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	3	20	hr. min.

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

10. Usual occupation Office Work

11. Industry or business Siemens Oil Co.

FATHER
12. Name John Riegert
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Emma Mick
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Grace Riegert
(b) Address 1717 Bonita Ave Richmond Heights

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave Maplewood

19. (a) JAN 26 1945 (Date received local registrar) (b) E. L. McLaughlin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1945 hour 9 A.M. minute M.

21. I hereby certify that I attended the deceased from April 27, 1945, to Jan 22, 1945 that I last saw him alive on Jan 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Nephritis	
Due to Carcinoma Urinary Bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Papillary Carcinoma Urinary Bladder
Of autopsy

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) (e) Means of injury

Signature Martin Schatten (M. D. or other) MD
Address 505 Humboldt Bldg Date signed Jan 23, 1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. Schottyn
Hancock Bldg.
2 to 6

FEB 20 1945

FEB 18 1945

SEP 6 1945

MAY 13 1945

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 3454 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.