

FILED JAN 5 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7220 Nottingham Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Frieda Risler

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry L. Risler 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 18 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 4 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chas. Reinholdt
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Doris Au
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry L. Risler
(b) Address 7220 Nottingham Ave.

17. (a) Burial (b) Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

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

19. (a) DEC 24 1945 (b) J. W. Redeker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1945 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 22 1945 to Dec 22 1945 that I last saw her alive on 12-22 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Inoperable Ca of Stomach - 12/20-45
Of operations _____
Of autopsy No

Duration _____
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 _____

23. Signature Joseph P. Jones (M. D. or other) _____
Address 4406 S. Grand Date signed 12/23/45

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 P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 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.