

S. No. 2
M-5-43
5-17-39
I X38671

FILED FEB 18 1946

Registration District No.

Primary Registration District No. 1003

940

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:
3642 Nebraska 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 Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 24/17

(d) Street No. 3642 Nebraska Ave.
(If rural, give location) 9

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

3. (a) PRINT FULL NAME Minna Riede

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th.
year 1946 hour 3 minute 40 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased May 13th, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5th 1945 to Jan 26th 1946
that I last saw her alive on 1/26/46, 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

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

81 08 13 hr. min.

Due to arteriosclerosis & hypertension

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93

Of operations.....

Of autopsy.....

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

10. Usual occupation At home

11. Industry or business.....

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Weigand

(b) Address 6127 Wanda Ave.

17. (a) Cremation (b) Date thereof 1/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Veeshalla Crematory

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?

18. (a) Signature of funeral director John Ziegenhain

(b) Address 7027 Gravois Ave.

19. (a) JAN 29 1946 (b) J. K. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature P. M. Eueh (M. D. or other)

Address 3402 California St. St. Louis Date signed 1/28/46

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

5010

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.....

Sheldon Collier

Licensed Embalmer No.....

3382

P. O. Address.....

7027 Unavois

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.