

NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38406

Registrar's No. 22

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046

| | | | |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Callaway | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Callaway | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION / | | d. STREET ADDRESS (If rural, give location) Near New Melle, Mo. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ada | | b. (Middle) Riske | |
| c. (Last) Riske | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6-49 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 1895 |
| 9. AGE (In years last birthday) 64 | | IF UNDER 1 YEAR Months 3 | IF UNDER 1 HRS. Days 11 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? Mo | | 13a. FATHER'S NAME Thomas Gaugran | |
| 13b. MOTHER'S MAIDEN NAME Annie Sawyer | | 14. NAME OF HUSBAND OR WIFE Mr Otto Riske | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | |
| 17. INFORMANT'S SIGNATURE OR NAME Otto Riske | | ADDRESS New Melle, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. ANTECEDENT CAUSES | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) PERNICIOUS ANEMIA | |
| DUE TO (c) | | 2 yr. | |
| III. OTHER SIGNIFICANT CONDITIONS | | 2400 | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from May 26, 1945 , to Nov 6, 1949 , that I last saw the deceased alive on Oct 23, 1949 , and that death occurred at 7 A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) W. E. Bergesen D.O. | | 23b. ADDRESS Wentzville, Mo | |
| 23c. DATE SIGNED 11-7-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-8-49 | |
| 24c. NAME OF CEMETERY OR CREMATORY Lutheran | | 24d. LOCATION (City, town, or county) (State) New Melle Mo | |
| DATE REC'D BY LOCAL REG Nov. 10 1949 | | REGISTRAR'S SIGNATURE Markus J. Guff 408 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Marvin Muehler | | ADDRESS Wentzville Mo | |

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

NOV 23 1949

District File Number

District Health Officer No. 9

RECEIVED NOV 14 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Marvin Murchison*

Licensed Embalmer No. *2461*

P. O. Address *Wentzville 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.