No. 300
10-48

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28657

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 23617

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 17
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 2179
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1907a Virginia

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) W c. (Last) Riecke
4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 51
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7-8-1864
9. AGE (In years last birthday): 87 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Frank Riecke
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Jessie Riecke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Jessie Riecke ADDRESS: 1907a Virginia

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of right lip; arterio

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) sclerosis supposed when

DUE TO (c) deceased fell in his home

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* on June 29 1951 at about 730 pm

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)
21d. TIME OF INJURY (Month) June (Day) 29 (Year) 51 (Hour) 730 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E 90 39

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 445 p.m., from the causes and on the date stated above.* 20#

23a. SIGNATURE: Patrick E Taylor (Degree or title) Coroner
23b. ADDRESS: Soo Clark
23c. DATE SIGNED: 8-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-51
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cem
24d. LOCATION (City, town, or county) St. Louis County (State) Mo

DATE RECD BY LOCAL REG. AUG 17 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. KP
25. FUNERAL DIRECTOR'S SIGNATURE: Moydell Funeral Home ADDRESS: 1926 Allen

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.