

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3243

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **71**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2049 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | d. STREET ADDRESS (If rural, give location) 6219 Victoria Ave. | |

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| 3. NAME OF DECEASED (Type or Print) MARGARET E. RIEGER | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 1 1952 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|-------------------------|----------------------------------|--|--|--|---------------------------|-------------------------|-------------------------|--------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 15, 1895 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Days | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
|-------------------------|----------------------------------|--|--|--|---------------------------|-------------------------|-------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME Edward Grooms | 13b. MOTHER'S MAIDEN NAME Margaret E. Finnegan | 14. NAME OF HUSBAND OR WIFE James D. Rieger |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME James D. Rieger | ADDRESS 6219 Victoria Ave. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic meningitis | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Oedema DUE TO (c) Empyema of gall bladder | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 585x |
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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 **3:58 P.M.**, from the causes and on the date stated above.

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| 22a. SIGNATURE Patrick E. Taylor Coonan | (Degree or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 1 2 52 |
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|--|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 4, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 2 1952 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | ADDRESS 4228 S. Kingshighway Bl. |
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed William B. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address.....

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.