

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3390

FILED FEB 14 1952

State File No. 853
Registrar's No. 0855

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 2199</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4040 Olive Jr</i>		d. STREET ADDRESS (If rural, give location) <i>4040 Olive Jr</i>	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <i>Riedhard State or Park</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 17, 1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>About 1878</i>
9. AGE (In years last birthday) <i>73?</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unavailable</i>	11. BIRTHPLACE (State or foreign country) <i>Minnesota</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unavailable</i>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Unavailable</i>		13b. MOTHER'S MAIDEN NAME <i>Unavailable</i>	14. NAME OF HUSBAND OR WIFE <i>Unavailable</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes Span. Amer.</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Neal Tait, St. Joseph, Mo.</i>
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Coronary thrombosis</i> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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? <i>4201</i>	
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 <i>7:19A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Catrick E Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>1.28.52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>1-29-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National</i>	24d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks, Mo.</i>
DATE REC'D BY LOCAL REG. <i>JAN 28 1952</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>	

APR 10 1934

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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.