

3. No. 300
7. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9112**

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **2043** Registrar's No. **81**

1644

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 3102 Market Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William J. b. (Middle) Riehm c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 18 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 2, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 11 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Wirttemberg Germany	12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Frederick Riehm		13b. MOTHER'S MAIDEN NAME Katherine		14. NAME OF HUSBAND OR WIFE Ida Maude Walter Riehm	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Riehm Chicago Illinois	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 **March 13 1952** to **18 Mar 1952**, that I last saw the deceased alive on **18 Mar 1952** and that death occurred at **10:35 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Riehm		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED Mar 20 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/21/52		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
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DATE REC'D BY LOCAL REG. 3/25/52		REGISTRAR'S SIGNATURE W. E. M. Lucha		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Crawford Smith Hannibal Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 23 1952
MARION CO. HEALTH DEPT.
DATE FILED MAR 23 1952

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.....
Student Embalmer

Signed *A. Crawford Smith*.....

Licensed Embalmer No..... 7814

P. O. Address..... Hannibal-Missouri

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.