

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21613

State File No.

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 2058 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>117 Adams St</u>		d. STREET ADDRESS (If rural, give location) <u>117 Adams St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lafe</u>	b. (Middle)	c. (Last) <u>Riechers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 24 HRS. Hours <u>16</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (State or foreign country) <u>New Haven Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herman Riechers</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Pruessner</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Riechers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-12-9819A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Riechers</u>	ADDRESS <u>117 Adams St G. Riechers</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</u>		
DUE TO (c) <u>↓</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. arterio sclerosis</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-24-52 to 6-17-52, 1952, that I last saw the deceased alive on 6-27-52, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Suddice</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>116 S. Main St</u>	23c. DATE SIGNED <u>6/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 30 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Haven Cemetery</u>	24d. LOCATION (City, town, or county) (State): <u>New Haven Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-28-52</u>	REGISTRAR'S SIGNATURE <u>Samuel Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Charles</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

923

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 Arthur C. Bann

Licensed Embalmer No. 3151

P. O. Address St. Charles 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.