

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22549
5721

FILED JUL 2 - 1952

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

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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 <u>Mo</u> b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		<u>2249</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3431 Indiana</u>											
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mathew</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Riemann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1952</u>										
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>June 16, 1885</u>	9. AGE (In years last birthday) <u>67</u>	<table border="1" style="font-size: small;"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td>Min.</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR	Months	Days	Hours			Min.
# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR												
Months	Days	Hours												
		Min.												
10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Louis Comm. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Albert Riemann</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia Riemann</u>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amelia Riemann 3431 Indiana</u>											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH									
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Heat exhaustion</u>			<u>3h</u>									
	ANTECEDENT CAUSES	DUE TO (b)	<u>O.K. in Indiana</u>											
	DUE TO (c)	<u>Cor. coronary disease</u>												
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>70/5</u>									
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>AAA</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE	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? <u>E9219</u>												
22. I hereby certify that I attended the deceased from <u>6/17/52</u> , to <u>6/17/52</u> , that I last saw the deceased alive on <u>6/17/52</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above. <u>46</u>														
23a. SIGNATURE <u>W.F. Heun MD.</u>		(Degree or title)	23b. ADDRESS <u>5203 Chippewa</u>		23c. DATE SIGNED <u>6/19/52</u>									
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>6/20/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>											
DATE REC'D BY LOCAL REG. <u>JUN 20 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L. Ziegenhein & Sons 7027 Gravois</u>											

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.