No. 300
10.48

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29141

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 14

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

1. PLACE OF DEATH
a. COUNTY: St. Charles 0920 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weldon Springs Dardenne Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): --------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weldon Springs 0920 0
d. STREET ADDRESS (If rural, give location): -------- Dardenne TWP.

3. NAME OF DECEASED (Type or Print): a. (First) Sophia b. (Middle) ----- c. (Last) Rieffer
4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1952
5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 16 1873
9. AGE (In years last birthday): 78 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St. Charles Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Fred Hanna
13b. MOTHER'S MAIDEN NAME: Guthermuth
14. NAME OF HUSBAND OR WIFE: Fred Rieffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Fred Rieffer — ADDRESS: St. Charles Mo. R.D

MEDICAL CERTIFICATION

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) Acute cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) generalized cardio-vascular

DUE TO (c) arteriosclerosis

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
20. AUTOPSY? YES ☐ NO ☒

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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* Aug 7, 1952, *that I last saw the deceased alive on* Aug 7, 1952, *and that death occurred at* 4:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R. Sasaki (Degree or title) MD
23b. ADDRESS: O'Fallon Mo
23c. DATE SIGNED: Aug. 18 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 20 52
24c. NAME OF CEMETERY OR CREMATORY: St. John's
24d. LOCATION (City, town, or county) (State): Cottleville Mo.

DATE REC'D BY LOCAL REG.: Aug 19-52
REGISTRAR'S SIGNATURE: E.A. Kuthey 280 0
25. FUNERAL DIRECTOR'S SIGNATURE: E.A. Kuthey — ADDRESS: O'Fallon Mo.

m (Licensed Embalmer's Statement on Reverse Side)

OCT 1 0 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E A Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.