THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3662

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0156

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place): 16 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7600a VERMONT AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2019
d. STREET ADDRESS (If rural, give location): 7600a VERMONT AVE

3. NAME OF DECEASED (Type or Print)
a. (First): MARTIN
b. (Middle): HENRY
c. (Last): RIESER

4. DATE OF DEATH (Month) (Day) (Year): JAN - 3 - 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG - 12 - 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOTORMAN
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC SERVICE STREET CAR
11. BIRTHPLACE (State or foreign country): MAXVILLE MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: RUDOLPH RIESER
13b. MOTHER'S MAIDEN NAME: CATHRINE ARNOLD
14. NAME OF ~~HUSBAND OR~~ WIFE: AMANDA RIESER

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.: 494-01-0394
17. INFORMANT'S SIGNATURE OR NAME: MRS AMANDA RIESER — ADDRESS: WIFE 7600a VERMONT.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Condition — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 2 yrs
DUE TO (c): Hypertension — 2 yrs
Decompensation — 2 yrs

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? ☐ NO ☐

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?: 4200

22. *I hereby certify that I attended the deceased from* 11-9-, 1946 *to* 1-2-, 1953, *that I last saw the deceased alive on* 1-2-, 1953, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norman C. Miller MD
23b. ADDRESS: 3903a Park
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 8-1953
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.
24d. LOCATION (City, town, or county): WATSON & McKENZIE Rd ST. LOUIS (State): MO.

DATE REC'D BY LOCAL REG.: JAN 7 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: FEY FUNERAL HOME — ADDRESS: 4102 LEMAY FERRY Rd.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ronald O Fohnke

Licensed Embalmer No. 3917

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.