No. 300
10-48

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3014

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0286

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): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2646a Accomac St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 2646a Accomac St. 2239

23

3. NAME OF DECEASED (Type or Print): a. (First) CONRAD b. (Middle) SAMUEL c. (Last) RIEGEL
4. DATE OF DEATH (Month) (Day) (Year): January 10, 1955
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2, 1880
9. AGE (In years last birthday): 74 | 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): garment cutter
10b. KIND OF BUSINESS OR INDUSTRY: Weil-Kalter
11. BIRTHPLACE (City and State or Foreign Country): Trenton, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Riegel
13b. MOTHER'S MAIDEN NAME: Elizabeth Pletcher
14. NAME OF HUSBAND OR WIFE: Lottie L. Riegel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Lottie L. Riegel, 2646a Accomac St

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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: ONE DAY

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CORONARY SCLEROSIS — 10 YEARS
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE — 10 YEARS

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* CARDIAC DECOMPENSATION — 10 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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?

22. *I hereby certify that I attended the deceased from* MAR 13, 1954, *to* JAN. 10, 1955, *that I last saw the deceased alive on* JAN. 10, 1955, *and that death occurred at* 8:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Hall (Degree or title) M.D.
23b. ADDRESS: 3902 LAFAYETTE St. Louis, Mo.
23c. DATE SIGNED: JAN. 11, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Jan. 13, 1955
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem.
24d. LOCATION (City, town, or county) (State): St. L. County, Missouri

DATE REC'D BY LOCAL REG.: JAN 11 1955
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Alexander & Son 6115 Clayton
(Licensed Embalmer's Statement on Reverse Side)

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

Dr Robert Hall
1-4 3902 Lafayet
43 Washington Terr

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 246

P. O. Address 6175 De

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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