

FILED JAN 9 1956

STANDARD CERTIFICATE OF DEATH

State File No. 917
Registrar's No. 34

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.	c. LENGTH OF STAY (in this place) 86 yrs.	c. CITY OR TOWN Washington.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. 729 W. 3rd St.		e. STREET ADDRESS (If rural, give location) 729 W. 3rd St. 03620	

3. NAME OF DECEASED (Type or Print) a. (First) Louisa	b. (Middle) Mary	c. (Last) Riegel	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2nd, 1956.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married.	8. DATE OF BIRTH Oct. 27th, 1869.	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months 2	11. UNDER 24 HRS. Days 5	12. HOURS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseworking.	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Krakow, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Riegel.	13b. MOTHER'S MAIDEN NAME Mary Rolf.	14. NAME OF HUSBAND OR WIFE None.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William F. Riegel Washington, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic C.V.R. disease		? years
	DUE TO (c) Old age none 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from 17 March 52, to 2 Jan, 1956, that I last saw the deceased alive on 2 Jan, 1956, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE Raymond J. Breyer, M.D.	(Degree or title)	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 3 Jan 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5th, 1956.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. 1/4/56	REGISTRAR'S SIGNATURE L. J. Wickham	99-015	FUNERAL DIRECTOR'S SIGNATURE Stuebner & Witt Inc.	ADDRESS Washington, Mo.
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(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.....
Signature of Student Embalmer

Signed *Jerome F. Swoboda*

Licensed Embalmer No. *456*

P. O. Address *Washington*

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

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