URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 9 1960

-60-028736

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6518

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN: Ballwin Woo
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 2
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Paula Middle M. Last Rierenberg
4. DATE OF DEATH: Month 6 Day 24 Year 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/2/1878
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Herman Schade
13b. MOTHER'S MAIDEN NAME: Johanna Killermann
14. NAME OF HUSBAND OR WIFE: August
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: Address: Mrs.Norman Little, Rt.2 - Ballwin,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEMOPERICARDIUM
DUE TO (b) RUPTURE OF MYOCARDIAL INFARCTION
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 1 Hr
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

O.K. John M. Lutz
Dayton 6-26-60

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-23-60 to 6-24-60 and last saw her alive on 6-24-60
Death occurred at 11:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James G. McCook Jr MD
22b. ADDRESS: 4366 Forest Park St Louis
22c. DATE SIGNED: 6-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-28-60
23c. NAME OF CEMETERY OR CREMATORY: St.Vincents Cemetery
23d. LOCATION (City, town, or county) (State): Dutzow,Mo.

24. FUNERAL DIRECTOR: Albert H.Hoppe,Inc.,4700 Washington Blvd.
ADDRESS
25. DATE RECD. BY LOCAL REG.: JUN 27 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.H.C.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harry E. Monro

Signature of Student Embalmer

Licensed Embalmer No. 4495

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.