

MOISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH		-61-111445		
FILED VS MAR 13 1961		STATE FILE NUMBER		
Registration District No. 318		Primary Registration District No. 1003		
AMENDED		Registrar's No. 2013		
DATE AMENDED	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission)	
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
	c. FULL NAME OF HOSPITAL OR INSTITUTION 6106 Carlsbad Ave		d. STREET ADDRESS (If outside, give location) 6106 Carlsbad Ave	
INSTEAD OF DOCUMENT	3. NAME OF DECEASED (Type or print) First MARY Middle Last RIEGERT		4. DATE OF DEATH Month 2 Day 27 Year 1961	
	5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1880
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and state or country) Germany	9. AGE (last birthday) 81 Yrs
MEDICAL CERTIFICATION	13a. FATHER'S NAME Charles Wiedergreen		14. NAME OF HUSBAND OR WIFE George Riegert (Deceased)	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Georgia Clark 6106 Carlsbad Ave	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Primary Inoperable Ca Rectum 6-8 mos DUE TO (c) 154X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
BY AFFIDAVIT OF	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
ITEM NO. SHOULD READ	21. I attended the deceased from 4/30/60 to 2/27/61 and last saw him alive on 2/10/61		22c. DATE SIGNED 2/28/61	
	22a. SIGNATURE Walter H. W. Hoffman (Degree of title)		22b. ADDRESS 3108 S. Grand	
	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	
23b. DATE 3-2-1961		23d. LOCATION (City, town, or county) 4209 Bates St Mo		
24. FUNERAL DIRECTOR Ziegenhein Brothers 6409 Gravois Av		25. DATE RECD. BY LOCAL REG. FEB 28 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

St. Louis

St. Louis

6106 Carlsbad Ave

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S-SV-1361

RECEIVED

MARY

1-17-1980

X

White

Female

"A.S.A."

GERMANY

At Home

George (deceased)

Amelia (deceased)

Charles (deceased)

6106 Carlsbad Ave

None

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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 Yan M. Sigmon

Licensed Embalmer No. 4343

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

St. Louis