

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012104

XC-13151837 Reg. #A-2234

STATE FILE NUMBER

AMENDED

FILED MAR 27 1961

Primary Registration District No. 500 Registrar's No. 788

DATE AMENDED

INST. LEAD. OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 11 DAYS	c. CITY OR TOWN BELLEVILLE,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET.ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 311 KRETCHMER AVE.
3. NAME OF DECEASED (Type or print) First RAYMOND Middle R. Last RIEF		4. DATE OF DEATH Month 3 Day 19 Year 61	

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-5-04	9. AGE (last birthday) 56 YEARS	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SWANSEA, ILL.	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME ANDREW RIEF	13b. MOTHER'S MAIDEN NAME PAULINE GAERTNER	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. ^{IF INFORMANT} LESTER RIEF (Brother) Address 21 BILTMORE TERRACE, BELLEVILLE, ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED
IMMEDIATE CAUSE (a) LAENNEC'S CIRRHOSIS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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 Month, Day, Year a.m. p.m.			

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.)	20f. CITY, TOWN, OR LOCATION Belleville, Ill.	COUNTY ILL.	STATE ILL.
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21. **VA** attended the deceased from **3-8-61** to **3-19-61** and last saw the decedent
Death occurred at **9:25** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James S. Nelson (Degree or title) James S. Nelson M.D.	22b. ADDRESS VET.ADM.HOSPITAL, JEFF. BRKS., 25, MO.	22c. DATE SIGNED 3-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-23-61	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery
		23d. LOCATION (City, town, or county) (State) Belleville, Ill.

24. FUNERAL DIRECTOR Gaerdner Funeral Home, Belleville, Ill.	25. DATE RECD. BY LOCAL REG. 3-21-61	26. REGISTRAR'S SIGNATURE John C. Murphy Md.
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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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lawrence G. Meyer* _____
Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.