

AMENDED **FILED** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3555** STATE FILE NUMBER **61-015562**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **35 Years**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Luke's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5896 Cabanne Ave.** Reside on Farm Yes No

3. NAME OF DECEASED First **Mae** Middle **Krinard** Last **Rizer** **4. DATE OF DEATH** Month **April** Day **13** Year **1961**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. Married** **Never Married** **Widowed** **Divorced**
8. DATE OF BIRTH **9/17/1887** **9. AGE (last birthday)** **73** **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) **House Wife** **10b. KIND OF BUSINESS OR INDUSTRY** **Own Home** **11. BIRTHPLACE** (City and state or country) **Bunker Hill Illinois** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **Frederick Krinard** **13b. MOTHER'S MAIDEN NAME** **Mary Herb** **14. NAME OF HUSBAND OR WIFE** **Garold M. Rizer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT** **Mrs A.A. Atchison 11307 Fairways Drive** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Cerebro-vascular accident, hemorrhage*
 DUE TO (b) *intracerebral, left temporo lobe*
 DUE TO (c) *arteriosclerosis, genl. severe.*
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **331X**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 *Apr 5, 1961* to *Apr 13, 1961* and last saw her/him alive on *Apr 12, 1961*
 Death occurred at *1:35 Am* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Thos E. Roueber M.D.* **22b. ADDRESS** *5720 Leishington Ave STL.* **22c. DATE SIGNED** *4-13-61*

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **4/17/61** **23c. NAME OF CEMETERY OR CREMATORY** **Valhalla Cemetery** **23d. LOCATION** (City, town, or county) **St. Louis Co. Missouri** (State) _____

24. FUNERAL DIRECTOR **Alexander & Sons 6175 Delmar Blvd** **25. DATE RECD. BY LOCAL REG.** **APR 14 1961** **26. REGISTRAR'S SIGNATURE** *Road Smith, M.D.*

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Dr. George Roulhac

3720 Washington

10:30 A.M. to 12:30 P.M.

Je.1-4288

5 538

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 jos. e. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6173 Delmar

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.