

WRITE PLAINLY, WITH UNFADING INK... THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

18297

File No. \_\_\_\_\_  
Registered No. **4524**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **701**  
Township \_\_\_\_\_ Primary Registration District No. **1603**  
City **St. Louis mo.** (No. **6316**) **Lucille Ave**

2. FULL NAME **Fred Riess**

(a) Residence, No. **316** **Lucille** St., **7** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **47** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OF RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <b>Helen Augusta Riess</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 2 - 1885</b>		
7. AGE <b>47</b>	YEARS <b>8</b>	MONTHS <b>19</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>RR Clerk</b>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis</b>		
13. NAME <b>August Riess</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Philadelphia Pa</b>		
15. MAIDEN NAME <b>Bertha Olms</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT (ADDRESS) <b>Helen Riess</b> <b>6316 Lucille Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary cemetery</b> DATE <b>May 24 1933</b>		
19. UNDERTAKER (ADDRESS) <b>Shanty Carroll</b> <b>4600 North Bridge</b>		
20. FILED <b>May 23 1933</b> <b>J. F. Brebeck</b> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 5 1933** to **May 21 1933**  
I last saw him alive on **May 21 1933** Death is said to have occurred on the date stated above, at **9 A. M.**  
The principal cause of death and related causes of importance were as follows:  
**Pulmonary Tuberculosis** Date of onset **9-23-33**  
**Ulcer of Stomach** **11-15-31**  
Other contributory causes of importance:  
Name of operation **None** Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) **R. Emmert** Registrar  
(Address) **3802 N. Seaford Blvd**

