

BUREAU OF THE CENSUS  
MAY JUN 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

17185

State File No.

4663

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethesda Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 25  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jefferson Hotel 12th. & Locust  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 th.  
year 1940 hour 8:00 minute 0 M.  
21. I hereby certify that I attended the deceased from May 23<sup>rd</sup> 1940, to May 25<sup>th</sup> 1940  
that I last saw her alive on May 25<sup>th</sup> 1940  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral thrombosis per lous

Due to associated with mitral stenosis (rheumatic heart disease)

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Thomas C. Buisson (M. D. or other) M.D.  
Address 4620 Maryland Ave Date signed 5/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Dorothy Rief (M)

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anton 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 10 1898  
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name W.J. Edwards

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ebrecht

15. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Rief  
(b) Address Jefferson Hotel

17. (a) Removal (b) Date thereof 5-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) MAY 27 1940 J. B. Bredbeck  
(Date received local registrar) (Registrar's signature)

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*J. B. Sullivan*

Licensed Embalmer No. 1122

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 this body is not embalmed, above space should be left blank.**