

ONE 23 1934

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

Do not use this space.

38748

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. 133 So. Louisiana)

File No. _____
Registered No. 246
St. _____ Ward _____

2. FULL NAME

August H. Rieman
(a) Residence, No. 133 So. Louisiana St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Pilot Knob

FATHER 13. NAME Ernest Rieman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Barbara Welford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Arthur Schepfer
(ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov 27 1934

19. UNDERTAKER Walther's Und. Co
(ADDRESS) Cape Girardeau Mo

20. FILED 11-26-34 J. M. Simpson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5 1934, to 11-25 1934

I last saw him alive on 11-25 1934. Death is said

to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

9-5-34 Myocarditis before 9-5-34
9-7 Auricular fibrillation before 9-5-34
9-14 Arterial Sclerosis - before 9-5-34
Hypertension - before 9-5-34

Other contributory causes of importance: _____

Arterial Sclerosis - before 9-5-34
Hypertension - before 9-5-34

Name of operation None Date of _____

What test confirmed diagnosis? Physical Exam 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? No

If so, specify _____

(Signed) R. A. Ritter M. D.

(Address) Cape Girardeau, Mo

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.

