

FILED MAR 9 1945

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City 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..... St. Louis
(c) City or town..... Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... / (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME..... Charles E. Riner

20. DATE OF DEATH: Month..... Feb. day..... 16th
year..... 1945 hour..... minute..... 309 A.M.

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

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex..... M 5. Color or race..... W 6. (a) Single, widowed, married, divorced..... Single

Immediate cause of death..... Coronary Occlusion Duration.....
Coronary Sclerosis

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

7. Birth date of deceased..... June 3, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 8 13 hr. min.

Due to.....
Due to.....

9. Birthplace..... Centertown, Mo.
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation..... Conductor R.R.

11. Industry or business.....

Major findings:
Of operations.....

12. Name..... Alex Riner

Of autopsy.....
Underline the cause to which death should be charged statistically.

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

14. Maiden name..... Dolly Shull

15. Birthplace..... Centertown, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. John Donford

(b) Address..... Jefferson City, Mo.

17. (a) Removal (b) Date thereof..... 2/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Jefferson City, Mo.

18. (a) Signature of funeral director..... A lbert H. Hoppe, Jr.

(b) Address..... 4700 W. Washington Ave.

19. (a) 2/17/45 (b) J. F. Br...
(Date received local registrar) (Registrar's signature)

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?.....

(Specify type of place)
23. Signature..... Albert E. Taylor (M. D. or other)
Address..... Jefferson City Date signed..... 2/17/45

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

MOTHER FATHER

AUG 1 1945

MAR 12 1945
MAR 13 1945

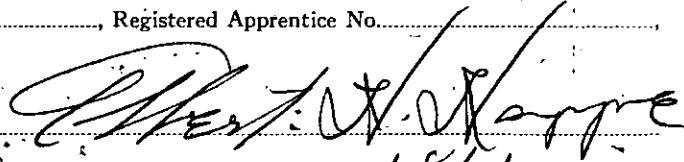
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..... 1861

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, fact should be so stated above.