

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

Do not use this space.

31304

8610

1. PLACE OF DEATH

County SEP 13 1934
Township
City St. Louis (No. 3rd & Barry)

Registration District No. 791
Primary Registration District No. 1003

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

2. FULL NAME

(a) Residence, No. 3347 Oak Hill St., 16 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Reis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9, 1884</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>10</u>
		<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo.

FATHER 13. NAME Barthelme Reis

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo.

MOTHER 15. MAIDEN NAME Bernadine Heinisch

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo.

17. INFORMANT Mrs. Louise Reis
(ADDRESS) 3347 Oak Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Vitus Paul DATE 8/27 1934

19. UNDERTAKER Edgar J. Hoffmeister
(ADDRESS) 4016 Ashmun St.

20. FILED SEP 20 1934
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1934, to Aug 23, 1934.
I last saw him alive on Aug 27, 1934. Death is said to have occurred on the date stated above, 9:15 a.m.

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

Chronic Myocarditis Date of onset 1913

Other contributory causes of importance:

Interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

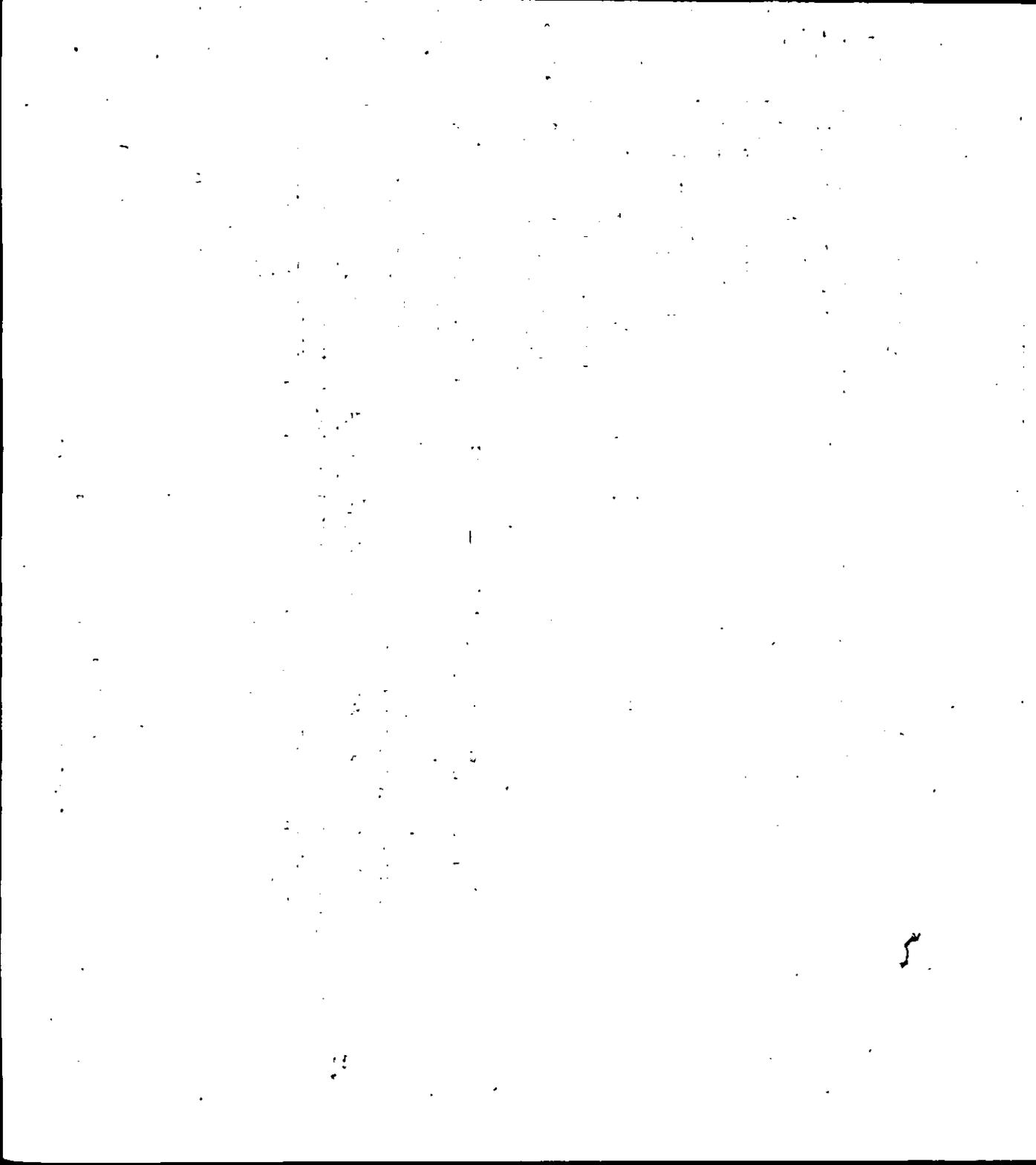
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Otto C. Hausen M. D.
(Address) 3156 Park

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.

WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Edward J. Reis
Who died at _____ on Aug 23 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 49 Months 10 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Chr myocarditis
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Chronic or sub acute caused by stone

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ '39
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Dr. E. H. Hannon
Address of physician 3156 Park Ave

Signature of Registrar J. J. Brooks Date filed 9-24-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. _____
Primary Reg. Dist. No. _____
Very truly yours,
E. T. McGaugh M.D.
Special Agent.

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