

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23297
Do not use this space.

REC'D AUG 12 1938

791
1008

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 Registered No. 5991
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 4492
 2. PRINT FULL NAME Louise Reiman
 (a) Residence, No. 3617 Humphrey St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) 16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3/38, 19...
 22. I HEREBY CERTIFY, That I attended deceased from 7/1/38, 19... to 7/3/38, 19...
 I last saw h. her arrive on 7/3/38, 19... Death is said to have occurred on the date stated above, at 12.45 a
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Cardiac Hypertrophy
Cardiac Distention
 Date of onset
 Other contributory causes of importance:
 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) V. E. Frueh, M. D.
 (Address) City Hospital No. 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 FATHER 13. NAME George Reiman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Clara Young
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Hosp. Info M. Kent (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Parlor DATE July 5, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Gilbert & Co. 2842 W. Kansas St.
 20. FILED JUL 5 1938 J. D. Wickham

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.

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,

Herman A. Gebken, or by

Registered Apprentice No., working under my personal supervision.

Signed *Herman A. Gebken*

Licensed Embalmer No. *2130*

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.