

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

31094
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City..... St. Louis (d) Street No. 2839 Accomac St.
(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.

2. PRINT FULL NAME Caroline Reisse 200

(a) Residence, No. 2839 Accomac St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Reisse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 03 11 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Germany 6

FATHER 13. NAME Theo. Reisse 6

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Anna G Mann

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

17. INFORMANT (ADDRESS) G R P Reisse 7324 Vine Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Varnalla DATE Sept 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A Ellis 4355 Washington

20. FILED SEP 29 1938 J F Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct - 5 1938 to Sept - 28 1938
I last saw him alive on Sept 27 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

acute gastritis probably due to early uremia caused by nephrosclerosis
Date of onset Sept 21

Other contributory causes of importance: Semblity 131

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of Injury
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. W. Miller, M. D.
(Address) 4881 Humboldt

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,

John Ketter

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

3880

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.