

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

37905  
Do not use this space.

DEC'D DEC 12 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City..... St. Louis Mo. (d) Street No. Barnes Hospital 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. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Daisy Mae Reiher

(a) Residence, No. 2637 Sidney St. NR Alton Ill.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chris W. Reiher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1896  
 7. AGE YEARS 42 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Nov 1938 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macoupin Ill.

FATHER 13. NAME Wm. F. Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macoupin, Ill.

MOTHER 15. MAIDEN NAME Laura Ambrose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plainview, Ill.

17. INFORMANT (ADDRESS) Chris W. Reiher Alton, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carlinville, Ill. DATE Nov. 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.

NOV 25 1938 19 J. F. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23d 1938

22. I HEREBY CERTIFY, That I attended deceased from November 12th., 1938 to November 23d., 1938  
 I last saw her alive on November 23d., 1938 Death is said to have occurred on the date stated above, at 3.20 A.M.  
 The principal cause of death and related causes of importance were as follows:

Peritonitis Cat Operative (Operation for Pelvic Abscess which was sterile)

Date of onset

Other contributory causes of importance: Pelvic Abscess 1398

Name of operation Laparotomy Date of 11-16-38  
 What test confirmed diagnosis? Was there an autopsy? Yes

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) F. R. Bradley, M. D.  
 (Address) Barnes Hospital

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.

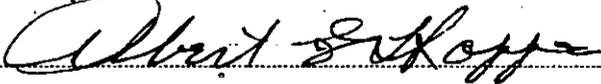
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No.....

2971

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.**