REC'D MAY 10 1939

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

13495
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 3837

(c) City or Town St. Louis, Missouri (d) Street No. ..... City Sanitarium 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 40 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

100 Wm. Reif

2. PRINT FULL NAME .....

(a) Residence, No. 4519 Eichelberger St. 15
(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: Male
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-24-1866

7. AGE: Years 72 | Months 9 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Roofer
9. Industry or business in which work was done, as saw mill, bank, etc. Roofer
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Carlyle Illinois

FATHER

13. NAME: Unknown Henry Reif
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown Germany

MOTHER

15. MAIDEN NAME: Unknown Josephine Marek
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): W. Gansloser M. D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: St Peter & Paul DATE: APR 27 1939, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Theo Lutis 2906 Gravois Ave

20. FILED: APR 25 1939, 19 J. F. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-24-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-10-39, 19, to 4-24-39, 19

I last saw h. 1m. alive on 4-24-39, 19. Death is said to have occurred on the date stated above, at 8:45 A.M.

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

	Date of onset
Acute Cardiac Failure	4-24-39
Chr. myocarditis	
93C	

Other contributory causes of importance:

Hypertension	4-10-39-x
Polycystic Kidneys, no stones	

Name of operation ..... Date of .....

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) W. Gansloser, M. D.

(Address) 5400 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-1-38 I X16605

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

Signed Thos Lutis

Licensed Embalmer No. 1619

P. O. Address 2906 Travis

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.