

REC'D SEP 14 1939

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

791  
100327928  
7128  
Do not use this space

## 1. PLACE OF DEATH

(a) County ..... 1 ..... Registration District No. ....  
(b) Township ..... 1 ..... Primary Registration District No. ....  
(c) City St. Louis ..... (d) Street No. Jewish 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 200 Phillip Reis ..... St. 4614 Newberry St. Louis ..... 12 .....  
(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Reis</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 7<sup>th</sup> 1872</u>				
7. AGE YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <u>21</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>meat cutter</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u>			
	10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>			
	13. NAME <u>Nicholas Reis</u> <u>6</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>			
MOTHER	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>Mrs Mary Reis</u> <u>3216 Victor St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>8-30</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>1 most used to</u> <u>3710 N. Grand Bl</u>				
20. FILED <u>AUG 29 1939</u> <u>J. B. ...</u> Local Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1939 to 8-28 1939  
I last saw him alive on 8-28 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Esophagus  
Date of onset Dec 1938

Other contributory causes of importance:  
Bronchopneumonia 8-27-39

Name of operation Gastrectomy Date of 6-22-39  
Exploration of Esophagus Date of 8-27-39  
What test confirmed diagnosis? Biopsy 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? N.D.  
If so, specify .....

(Signed) Sam Schneider M. D.  
(Address) Jewish Hospital, St. Louis, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. 3916  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed A. A. Smithers  
Licensed Embalmer No. 3916

**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.)**