

RECD NOV 13 1939

791
2003

Primary Registration District No. _____

Registrar's No. 8436

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mamie Burke Reeg ^{20th}

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Otto Reeg 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 3-25-1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation hswk

11. Industry or business at home

12. Name John La Point

13. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)

14. Maiden name Jane La Blond

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs J. G. White

(b) Address 510 1/2 Vermont

17. (a) Burial (b) Date thereof 10-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Ind. Co. - Kansas

(b) Address 623 1/2 Grand Blvd

19. (a) OGI (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5502 Vermont
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2
year 1939 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from 9-28, 1939, to 10-1, 1939;
that I last saw her alive on 10-1-39, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Acute heart failure
Due to rupture of left coronary artery

Due to Fall on street

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations: None
Of autopsy: None

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall at home

(b) Date of occurrence 9-28-39

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On public street

While at work? No (Specify type of place) (a) Means of injury Fall

23. Signature Bert Klein (M. D. or other)

Address 2637 Kings Highway Date signed 10-2-39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Dr Bert H. Klein

1-3

2632 S. Kingshighway

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 Virgil L. Berryman
Licensed Embalmer No. 14018

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.