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X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22037**

Registration District No. **420**

Primary Registration District No. **3022**

Registrar's No. **55**

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **Desoto Mo.** **VALE**  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) **9**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **40 years** (Specify whether)  
years, months or days **31st**

3. (a) PRINT FULL NAME **GEORGE VALENTINE REISER**

3. (b) If veteran, name war **no.** 8. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Anna Reiser** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 8 1870**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Railroad Mechanic**

11. Industry or business **Railroad**

12. Name **unknown**

13. Birthplace **unknown** (City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Eugene Reiser**

(b) Address **Desoto Mo.**

17. (a) **Burial** (b) Date thereof **June 27-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery - Desoto**

18. (a) Signature of funeral director **Edwell B. ...**  
(b) Address **Desoto Mo.**

19. (a) **7-5-40** (b) **Jeneva Donnell**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Desoto Mo.** (If outside city or town limits, write "RURAL")  
(d) Street No. **1004 N. Main** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**  
year **1940** hour **5** minute **30 p. M.**

21. I hereby certify that I attended the deceased from **June 25 1940** to **June 25 1940**, that I last saw him alive on **June 25 1940**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **5 hours**

Due to **Coronary sclerosis** ?

Due to **94%**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) **no**

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **381**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Noel V. ...** (M. D. or other) **MD**  
Address **Edgewood Bldg. Desoto Mo.** Date signed **6/26/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

Francis R. Dietrich, Registered Apprentice No. 258  
working under my personal supervision.

Signed Ornell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Depto No

**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.**