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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1889

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 119

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 505 S.6th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 505 S.6th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME EDWARD T. REIKE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced MAR

6. (b) Name of husband or wife Nellie Reike

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan. (Month) 12 (Day) 1877 (Year)

8. AGE: Years 64 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Hotel Propietor

11. Industry or business

MOTHER FATHER
12. Name Barney Reike
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. E.T. Reike
(b) Address Avon Hotel St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.

19. (a) Jan 30 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1941 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from January 14, 1941, to January 28, 1941, that I last saw him alive on January 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute exacerbation of chronic endo-myo-carditis. — Duration ?

Due to ____

Due to ____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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

23. Signature [signature] (M. D. or other)
Address 302 Ballinger Bldg. Date signed 1-30-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph Mo.

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

**If this body is not embalmed, fact should be so stated above.**