

No. 2
1-13-40
1-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26242

State File No.

Registration District No. 1941 84

Primary Registration District No. 200

Registrar's No. 1624

1. PLACE OF DEATH:

(a) County. ST LOUIS CO.

(b) City or town. RURAL FEARNSBORNE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HALLS OF FERRY MEMORIAL HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 DAYS
(Specify whether

In this community.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. ST LOUIS CO

(c) City or town. RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. TELEGRAPH RD
(If rural, give location)

(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME. HERMAN REISER

3. (b) If veteran, name war. NONE

3. (c) Social Security No. NONE

4. Sex. MALE race. WHITE

5. Color or

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

6. (b) Name of husband or wife. MARY GRAYING

6. (c) Age of husband or wife if alive. 77 years

7. Birth date of deceased. APRIL 7 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>25</u>	hr. min.

9. Birthplace. HIGHLAND ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation. TRUCK GARDNER

11. Industry or business

12. Name. FRANK JOSEPH REISER

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

14. Maiden name. CHRISTINE REISER

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

16. (a) Informant. ALVIN REISER

(b) Address. 4729 1/2 S. BROADWAY

17. (a) BURIAL (b) Date thereof. Aug 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. MNT HOPE CEM.

18. (a) Signature of funeral director. J. B. Fendley

(b) Address. 7128 MICHIGAN

19. (a) AUG 3 - 1941 (b) J. M. Duran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. AUG day. 9 1941 year. hour. 9 minute. 0 M.

21. I hereby certify that I attended the deceased from July 1 1941 to Aug 1 1941; that I last saw him alive on July 31 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis 6 mo.

Due to strain

Due to 93d

Other conditions. Prostate probably 1 year
(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?

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

23. Signature. Oliver J. Fendley (M. D. or other) Oliver

Address. 7606 Michigan Date signed Aug 2

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

MOTHER FATHER

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 *Harry J. Schumaker*
Licensed Embalmer No. *2679*
P. O. Address *732 Lemay*

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, fact should be so stated above.