

No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29131

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7808**

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:
4916 Ashby St. /
(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 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....

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

(d) Street No. 4916 Ashby St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Marie Reiss.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Fred W. Reiss 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased September 22 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>11</u>	<u>26</u>hr.min.

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

10. Usual occupation Housewife.

11. Industry or business.....

12. Name Charles Schmidt.

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

14. Maiden name Anna Nadler.

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

16. (a) Informant Fred Reiss.
(b) Address 4916 Ashby St.

17. (a) Burial. (b) Date thereof 9-22-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 20 1942 (Date received local registrar) J. J. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1942 hour 8:40 P.M. minute..... M.

21. I hereby certify that I attended the deceased from July 15 1942 to Sept 18 1942 that I last saw h. er alive on Sept 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis - Chronic myocarditis Duration 2 yrs

Due to Carcinoma of R. Breast 3 yrs

Due to none 50

Other conditions none (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Carcinoma of R. Breast

Of operations.....

Of autopsy none made

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 Wm T. Hirsch (M. D. or other) M.D.
address 8500 N. Grand Date signed 9/19/42

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis av*

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.