

FILED OCT 1 1942 318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
2710 S. 9th St /
(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)

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. 2710 S. 9th St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day September
 year 1942 hour 9:45 minute A. M.
 21. I hereby certify that I attended the deceased from
Sept 15 1942 to Sept 20 1942
 that I last saw her alive on Sept 20 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Enterovirus
 Duration _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Patricia Reisch
 3. (b) If veteran, name war *****
 3. (c) Social Security No. *****

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced, Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 18 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name George J. Reisch
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Kastelnik
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George J. Reisch
 (b) Address 2710 S. 9th St

17. (a) Burial (b) Date thereof Sept 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Peter and Paul Cemetery

18. (a) Signature of funeral director Peeetz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) SEP 21 1942 (b) J. F. Brudak
(Date received local registrar) (Registrar's signature)

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 E. E. Koeller (M. D. or other) _____
 Address 3537 S. Jefferson Date Sept 21/42

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

Mr. E. E. Mueller
3537 Jefferson
Pro - 3715

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 Frank J. Swann
Licensed Embalmer No. 2245
P. O. Address St. Louis Mo

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.