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

39192

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2702

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5834 McArthur (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 St. Louis

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

(d) Street No. 5834 McArthur (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katherine Reifeiss

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 Widowed 2

6. (b) Name of husband or wife Mary (Kathleen) 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 11 (Month) 2 (Day) 1865 (Year)

8. AGE: Years 78 Months 1 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Cedar Hill, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Henry Rogge
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant O. Reifeiss
(b) Address 4811 Millentz

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 7 (Day) 1943 (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) DEC - 8 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 1943 hour 7 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Oct. 22-43 Dec. 2, 1943 to — , 19..., that I last saw her alive on Dec. 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Chronic Nephritis - Cirrhosis	
Due to of liver	
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.

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

23. Signature Romeu Strang (M. D. or other) M.D.
Address 4500 Virginia Date signed 12/6/43

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.