

Registration District No. 317Primary Registration District No. 6076Registrar's No. 326

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town River View Gardens
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
217 Crown Drive
 (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

3. (a) PRINT FULL NAME Anna Monica Reidell

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, Married6. (b) Name of husband or wife Vincent Reidell 6. (c) Age of husband or wife if alive Unk. years7. Birth date of deceased December 4, 1876
(Month) (Day) (Year)8. AGE: Years 67 Months 2 Days 0 If less than one day hr. _____ min.9. Birthplace unknown Iowa Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Nil

11. Industry or business _____

12. Name Thomas J. Murray13. Birthplace unknown Ireland Ireland
(City, town, or county) (State or foreign country)14. Maiden name Honora Gavin15. Birthplace unknown Ireland Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Mary Murray
(b) Address 217 Crown Dr. River View Gardens17. (a) Burial (b) Date thereof 2/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director Edith E. Ambruster(b) Address 4234 Manchester19. (a) FEB 9 - 1944 (b) E. G. McSavan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
 (c) City or town River View Gardens
 (If outside city or town limits, write "RURAL")
 (d) Street No. 217 Crown Drive
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1944 hour 7.45 P.M. minute _____ M.21. I hereby certify that I attended the deceased from Feb 2 1944 to Feb 4 1944
that I last saw him alive on Feb 4 1944
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Edema Duration 2 daysDue to General hemorrhageDue to Arterio SclerosisHypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____Of autopsy renal

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 H. G. Strenning (M. D. or other)Address 4548 Harris St. Date signed 2/6/44

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.....

Thomas Eymann

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis 9

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.