S. No. 2
OM—5-43
v. 5-17-39
I X36671

#31923

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4733

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1910

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo-4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15

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

(d) Street No. 1424 Burd Ave 6
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Reise

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of ~~husband~~ or wife Emma Reise

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

7. Birth date of deceased Sept (Month) 28 (Day) 1859 (Year)

8. AGE: Years 85 Months 4 Days ~~24~~ 27 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Unk Reise
13. Birthplace Germany (City, town, or county) " (State or foreign country)

MOTHER
14. Maiden name Unk Wagner
15. Birthplace Germany (City, town, or county) " (State or foreign country)

16. (a) Informant Renelda Reise
(b) Address 5635 Clemens Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cem

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20 St. St. Louis Mo

19. (a) FEB 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th year 1945 hour 12:17 minute P. M.

21. I hereby certify that I attended the deceased from 1/19/45, 19, to 2/25/45, 19; that I last saw him alive on 2/25/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to 162

Due to Senilepsychosis simple

Other conditions (Include pregnancy within 3 months of death) Deterioration

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ellis S. Lipsit (M. D. or other)

Address 1515 Lafayette Date signed 2/27/45

(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. Alfred F. Bredeson

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.