

No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED FEB 19 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **1128**

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:
ALEXIAN BROS. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 WEEKS**
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **OSAGE**

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **3742 MINNESOTA**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Louis Reifeiss**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **1**
year **1946** hour **9** minute **05 A.M.**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWER**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **JULY 28 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
9-18-1944 to **2-1-1946**

that I last saw him alive on **2-1-1946**
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| 65 | 6 | 3 | hr. _____ min. _____ |

Immediate cause of death _____
Chronic Myocarditis?

Due to _____

Due to _____

9. Birthplace **ST. LOUIS Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **BUTCHER**

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name **Louis Reifeiss**

13. Birthplace **ST. LOUIS Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **WILHELMINA BOHLE**

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **WALTER REIFEISS**

(b) Address **4400 ELLENWOOD**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **FEB 4 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST. MARCUS CEM.**

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? _____

18. (a) Signature of funeral director **Thomas Kurto**

(b) Address **2906 GRAVOIS**

19. (a) **FEB 9 1946**
(Date received local registrar)

J.F. Medsker
(Registrar's signature)

23. Signature **J.P. O'Donnell** (M. D. or other) _____

Address **4065-50 Grand**

Date signed **2-1-46**

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

6803

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.....

David Tau Gosaw

Licensed Embalmer No. *4242*

P. O. Address. *2906 Harris 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.