

No. 2
4-5-43
5-17-39
I X36671

FILED St. Louis
Aug 19 1946

Registration District No. _____ Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7555 Woodland
(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 Marie Reiger

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Reiger 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. 22 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 26
65 ± 24

If less than one day _____ hr. _____ min.

9. Birthplace Austria Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Vincent Pimperl 4

{ 13. Birthplace Austria, Hungary (State or foreign country)

{ 14. Maiden name Theresa Homa

{ 15. Birthplace Austria, Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Reiger

(b) Address 7555 Woodland

17. (a) Burial (b) Date thereof Aug. 30 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 8-31-46 (b) E. G. M. Gorman 9
(Date received local registrar) (Registrar's signature) msc

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood, Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7555 Woodland 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1946 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 27 1942 to Aug 28 1946
that I last saw her alive on Aug 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis and myocardial degeneration 6 months
Duration

Due to Arteriosclerosis general 5 yrs

Due to 93d

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy none

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 C. H. Bockelman (M. D. or other) M. D.
Address 2615 Brentwood Blvd Date signed 8/28/46

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

27033

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

David E. Gibson

Licensed Embalmer No. 3454

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.