

**FILED SEP 24 1946**

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County **ST. LOUIS**

(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3735 HYDRAULIC**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **KATHERINE NEISS**

**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** **WIDOW**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_

**7. Birth date of deceased** **OCTOBER 24 1892**  
(Month) (Day) (Year)

**8. AGE:** Years **93** ~~94~~ Months **10** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ **HUNGARY**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **None**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** **PETER REIDLER** & **HUNGARY**

{ **13. Birthplace** \_\_\_\_\_ **HUNGARY**  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** **KATHERINE DERNAUER**

{ **15. Birthplace** \_\_\_\_\_ **HUNGARY**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **ELIZABETH RACHER**

**(b) Address** **3735 HYDRAULIC**

**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** **SEPT 13, 1946**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **OLD S. S. PETER RAUL**

**18. (a) Signature of funeral director** **Therese E. von**  
**(b) Address** **2906 GRAVOIS**

**19. (a) SEP 11 1946** (Date received local registrar) **(b) J. F. Budeck** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **000**

(c) City or town **ST. LOUIS** **1617**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3735 HYDRAULIC** **9**  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **SEPT.** day **10** year **1946** hour **1** minute **4** M.

**21. I hereby certify that I attended the deceased from** **Aug. 30<sup>th</sup> 1946** to **Sept. 10 1946**  
**that I last saw her alive on** **Sept 10 1946**  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death** **Myocarditis, Chr**

**Due to** **Atherosclerosis**

**Due to** **Senile Dementia**

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 5 months of death)

**PHYSICIAN**

**Major findings:** \_\_\_\_\_

**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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** **William Daron** (M. D. or other) **710**  
**Address** **3601 S. Jefferson** **Date signed** **9/10/46**

3601 S. Jefferson

Log 4304

On Barrow

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**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 Leo J. Budde  
Licensed Embalmer No. 3989  
P.O. Address St. Louis, Mo

**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.