

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32135

FILED OCT 31 1946

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8367

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 13 ds.
In this community 87 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2037 Knox Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME MARY REISCH

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 alive _____ years
7. Birth date of deceased June 29 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 0 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Andrew Wachter

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Carol Robinson
(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 10-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST MARCUS CH

18. (a) Signature of funeral director TRUTH CENTER FUNERAL HOME
(b) Address 4024 KINDELL BLK.

19. (a) SEP 30 1946 (b) J. F. Brudner
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1946 hour 7.10 minute A M.

21. I hereby certify that I attended the deceased from June 17, 1946 to Sept. 29, 1946
that I last saw her alive on Sept. 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6/17/46 x

Due to Generalized Arteriosclerosis 6/17/46 x

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

Major findings:

Of operations _____

Of autopsy As above

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 0

23. Signature Jack B. ... (M. D. or other) _____
Address 5400 Arsenal St Date signed 9/29/46

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

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.....

Licensed Embalmer No..... *3880*

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.