

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 25 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38172  
Registrar's No. 3323

Registration District No. 317

Primary Registration District No. 2002

36987  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6523 Bartmer Ave  
(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 Margaret Reiss  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Carl Reiss  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased. June 14 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 5 6 ..hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name ? Balling

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

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

16. (a) Informant Mrs. Mae Leonberger

(b) Address 6523 Bartmer Ave.

17. (a) Burial (b) Date thereof. 11 21 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Jos W Clark

(b) Address 1125 Hodiamont Ave

19. (a) 11-21-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saint Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6523 Bartmer Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

20. DATE OF DEATH: Month Nov day 20  
year 1946 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from June 17 46  
to Nov 20, 1946  
that I last saw h. or alive on Nov 19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Haemorrhage.  
Due to Genl Arteriosclerosis  
Essential Hypertension  
Ch. Myocarditis  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....  
Duration 4 days  
93 D.

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 Chas Rosenberger (M. D. or other)  
Address 7745 Olive St Road Date signed 11/20/46

Dr C.F. Rosenberger  
7745 Olive ST Road

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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..... *Alfred J. Boedecker* .....

..... Licensed Embalmer No. 2663 .....

P. O. Address 1125 Hodiamont Ave .....

**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.**