

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

378

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 25 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39008

9604

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours.  
(Specify whether  
In this community 56 years.  
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. 3626a Montana,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emilie E. Reis,

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 Henry F. 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased January 7, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 2 hr. min.

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

10. Usual occupation Housewife,

MOTHER FATHER

12. Name Christian Ganahl

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

14. Maiden name Unknown

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

16. (a) Informant Jerry Reis  
(b) Address 3841a Meramec,

17. (a) Burial (b) Date thereof NOV 12 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J Hoffmeister  
(b) Address 4016 Chippewa

19. (a) NOV 12 1946 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9  
year 1946 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 9, 1946, to Nov 9, 1946,  
that I last saw her alive on Nov 7, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease

Due to.....

Due to..... Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6/1

Of autopsy.....

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 0

23. Signature J. F. Bredeek (M. D. or other).....  
Address St. Louis, Mo. Date signed 11-11-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

7096

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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 Elmo R. Sadwell

Licensed Embalmer No. 4077

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.**