

No. 2
12-45
5-17-39
1 X47070

FILED JUN 9 1947

Registration District No. 3

Primary Registration District No. 3068

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

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 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 1 Mo. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Samuel Reiger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased December 6 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 20 hr. min.

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

10. Usual occupation Confectionery Business

11. Industry or business Himself

MOTHER FATHER
12. Name Michael Reiger
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Mary Endler
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Reiger

(b) Address 7555 Woodland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Frieden's Cemetery
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa St.

19. (a) 5-29-47 (Date received local registrar) (b) Beulah Sharp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7555 Woodland Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Natlzd 1905

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1947 hour 9 minute 30 AM

21. I hereby certify that I attended the deceased from March 20 1947 to May 26 1947
that I last saw him alive on May 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic with myocardial degeneration
Due to _____
Duration 7 yrs

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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?

While at work? _____ (Specify type of place) (e) Means of injury Q
23. Signature C. H. Bockelman (M.D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 5/26/47

Dr. Clifford Bockelman
2615 Brentwood Ave.

JUN 10 1947

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.

Linus C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broadway

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.