

FILED MAY 10 1950

STANDARD CERTIFICATE OF DEATH

1003

State File No. 14910

Registrar's No. 4044

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

I. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR ST. LOUIS MO

c. CITY (If outside corporate limits, write RURAL and give township)
OR ST. LOUIS 2269

d. FULL NAME OF HOSPITAL OR INSTITUTION 2712 S 9th ST

d. STREET ADDRESS (If rural, give location)
2712 S. 9th ST.

3. NAME OF DECEASED
a. (First) LOUISE b. (Middle) - c. (Last) REISCH

4. DATE OF DEATH (Month) (Day) (Year)
MAY 3 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH
JUNE 23 1862

9. AGE (In years last birthday) 87
If under 1 year: Months _____ Days _____
If under 1 hr.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
WIDOW

10b. KIND OF BUSINESS OR INDUSTRY
AT Home

11. BIRTHPLACE (State or foreign country)
Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
JACOB REISCH

13b. MOTHER'S MAIDEN NAME
MARY HOLTZMAN

14. NAME OF HUSBAND OR WIFE
GEORGE REISCH (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
LILLIE HOERIG 2712 S. 9th ST.

18. CAUSE OF DEATH
Enter only one cause per line for (a); (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Cor Myocarditis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
H: 221

22. I hereby certify that I attended the deceased from July 24 1947 to May 3 1950, 1950, that I last saw the deceased alive on May 2 1950, and that death occurred at 8 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Carl E. Moeller M.D.

23b. ADDRESS
3537 S. Jefferson

23c. DATE SIGNED
May 4 50

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
MAY 6 1950

24c. NAME OF CEMETERY OR CREMATORY
S. S. PETER & PAUL

24d. LOCATION (City, town, or county) (State)
ST. LOUIS MO

DATE REC'D BY LOCAL REG.
MAY 4 1950

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Thomas Kutis 2906 Geavois

WRITE PLAINLY--USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James E. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Grand*

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.