

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**  
 c. LENGTH OF STAY (In this place) **35 days**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Webster Groves**  
 d. Is residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) **547 Summit Ave.**

**3. NAME OF DECEASED**  
 a. (First) **AMELIA** b. (Middle) **E.** c. (Last) **REISE**  
 (Type or Print)  
**4. DATE OF DEATH** (Month) (Day) (Year) **Feb. 4, 1955**

**5. SEX** **Female** **6. COLOR OR RACE** **White**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married**  
**8. DATE OF BIRTH** **Sept. 29, 1891**  
**9. AGE** (In years last birthday) **63** if UNDER 1 YEAR **4** if UNDER 24 HRS. **5** Days Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife**  
**10b. KIND OF BUSINESS OR INDUSTRY** **At Home**  
**11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Mo.**  
**12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Henry Aldag**  
**13b. MOTHER'S MAIDEN NAME** **Unknown**  
**14. NAME OF HUSBAND OR WIFE** **Louis Reise**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service)  
**16. SOCIAL SECURITY NO.** **None**  
**17. INFORMANT'S SIGNATURE OR NAME** **Louis J. Reise, 547 Summit Ave., Web. Groves**  
**ADDRESS**

**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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Carcinoma of Stomach**  
**INTERVAL BETWEEN ONSET AND DEATH** **3 mos.**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Arteriosclerosis with damage to heart and brain.**  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** **1-31-55**  
**19b. MAJOR FINDINGS OF OPERATION** **Carcinoma of stomach**  
**20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_  
**21b. PLACE OF INJURY** (a.g., in or about home, farm, factory, street, office bldg., etc.) **None**  
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**  
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_  
**21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK   
**21f. HOW DID INJURY OCCUR?** **151X**

**22. I hereby certify that I attended the deceased from** **12-3-54**, 19\_\_\_\_, **to** **2-4-55**, 19\_\_\_\_, **that I last saw the deceased alive on** **2-3-55**, 19\_\_\_\_, **and that death occurred at** **11:40 a.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **H. A. Smith M.D.**  
**23b. ADDRESS** **19 E. Lockwood Ave. Webster Groves 19, Mo.**  
**23c. DATE SIGNED** **2-5-55**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Removal**  
**24b. DATE** **4/7/55**  
**24c. NAME OF CEMETERY OR CREMATORY** **National Cemetery**  
**24d. LOCATION** (City, town, or county) (State) **Jefferson Barracks, Mo.**

**DATE REC'D BY LOCAL REG.** **FEB 7 1955**  
**REGISTRAR'S SIGNATURE** **J. Carl Smith M.D. Louis H. Popp Inc. Highwood**  
**25. FUNERAL DIRECTOR'S SIGNATURE** **Highwood**  
**ADDRESS**  
 (Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Felix Demand* .....

Licensed Embalmer No. *293*

P. O. Address *Antwerp*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.