MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3516

File No. .....

Registered No. 1157

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St Louis (No. 3712 Salena St St. ..... Ward)

2. FULL NAME Vera G Reising

(a) Residence. No. 3712 Salena St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17-1919

7. AGE: Years 7 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Clifford Reising

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Irma Ochterbeck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Clifford Reising
(Address) 3712 Salena St

15. FILED FEB -2 1927 May C Starkeoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-5-26, 19..., to 1-31-27 19..., that I last saw h. alive on 1-31-, 1927, and that death occurred, on the date stated above, at 9.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

91A

1C1 Acute endocarditis

(duration) ..... yrs. Luke m.

CONTRIBUTORY (SECONDARY) Tonsilitis (duration) ..... yrs. 1½ mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. E. Hepple, M. D.
Jan 31, 1927 (Address) 3860 S Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marcus — DATE OF BURIAL 2-3 1927

20. UNDERTAKER Wacker-Holderle — ADDRESS 2331 S Bway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.