

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

Do not use this space.

10500

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo

Registration District No. **791**
Primary Registration District No. **1033**

File No.....
Registered No. **3487**
St. Ward)

2. FULL NAME

(a) Residence. No. Marville mo St. 16 Word Marville Mo
(Usual place of abode) (If resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 20 1880</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>10</u>
	DAYS <u>10</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Priest</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer <u>Paster of Immaculate Conception Church</u>		

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

PARENTS	10. NAME OF FATHER <u>Bernard Reger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Cath Heitkamp</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT He Reger
(Address) 2813 08 15 St

15. APN 02 1921
FILED 19 Mar 6 Star REGISTRY

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1927, to Mar 31, 1927 that I last saw him alive on Mar 31, 1927, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
13 Coronary Thrombosis
12 M.A.W
(duration) yrs. mos. 3 da.
CONTRIBUTORY (SECONDARY) Nephritis (Ch)
Diabetes (Ch) (duration) Don't know yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Marville, mo

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) J. C. Taylor, M. D.
, 19 27 (Address) 527 Inwood Bldg St Louis Mo

*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 Marville Mo DATE OF BURIAL Apr 5 1927

20. UNDERTAKER Wm C. Rott ADDRESS 1915 5 Grand Blvd

N. E.—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.

