WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

20126

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2608 North Market st ..... St. ..... Ward)

File No. .....

Registered No. 15897

2. FULL NAME Infant J. Louis and Nellie Reitz

(a) Residence. No. ..... St., 20 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 26-1927

7. AGE: Years — Months — Days — If LESS than 1 day, 10 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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: Louis Reitz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER: Nellie Stoecklein

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Ill

14. INFORMANT: Louis Reitz
(Address) 2236 Montgomery St Louis Mo

15. FILED JUN 27, 1927 Max C Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Jun June 26, 1927, to June 27, 1927 that I last saw h. ... alive on June 26, 1927, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
15¼ 161a
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): none
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) N J Scotellaro, M. D
6-27, 1927 (Address) 814 Carr St

*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: Lakewood Park

DATE OF BURIAL: June 27 1927

20. UNDERTAKER: Wm. Schumacher

ADDRESS: 1844 N Jefferson