FEB 20 1928

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

Do not use this space. 266

1. PLACE OF DEATH

County Buchannan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph. (No. 415 West Rosine St. St. Ward)

File No.

Registered No. 74

2. FULL NAME Mary Susan Reital.

(a) Residence. No. 415 West Rosine St. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11, 1847.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	7	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Amite City. (STATE OR COUNTRY) Lousiana.

PARENTS

10. NAME OF FATHER Joseph Rohner.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Katherine Cassanover.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Switzerland.

14. INFORMANT Mrs R.O. Mastrude. (Address) 415 West Rosine St.

15. FILED JAN 18 1928 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 17. 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 17, 1928, that I last saw her alive on Jan 17, 1928, and that death occurred, on the date stated above, at 7.55p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

97 90B

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis

(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

O DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gustav A Lau, M. D

1/18, 1928 (Address) Kirkpatrick Bldg

*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: Mount Olivet Cemetery.

DATE OF BURIAL: Jan 19 1928

20. UNDERTAKER: H. O. Sidenfoden

ADDRESS: 1802 Union St.

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.