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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25237

Township ..... Primary Registration District No. 1003 Registered No. 7034

City St Louis (No. St Louis Children's Hospital St. ..... Ward)

2. FULL NAME Mary Reyland

(a) Residence. No. 3101 Cherry St., 12 Ward. Maplewood Mo
(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): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-16-27

7. AGE — YEARS: — MONTHS: 10 — DAYS: 19 — If LESS than 1 day, ... 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): Maplewood
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Ted Reyland
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Alton
(STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Mary Staed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): St Louis Mo.

14. INFORMANT: L. Koetting
(Address): Maplewood Mo.

15. FILED -6 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-5 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-30, 1928, to 7-5, 1928 that I last saw her alive on 7-5, 1928, and that death occurred, on the date stated above, at 12:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas non Traumatic cause unknown
15B
36 (duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY): ? Septicemia
(duration) ..... yrs. ..... mos. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Exam Autopsy

(Signed) Russell C. Ford, M. D
7/5, 1928 (Address) St L. Children's

*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: Calvary Cemetery — DATE OF BURIAL: 7/7 1928

20. UNDERTAKER: Croghan - 7146 Manchester — ADDRESS

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.

...ENTRY, WITH UNFADING INK—THIS IS A PERMANENT RECORD