# 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. 28647

Township ..... Primary Registration District No. 1003 ..... Registered No. 8102

City St Louis Mo (No. Barnes Hospital ..... St. ..... Ward)

**2. FULL NAME** George Reiss

(a) Residence. No. 4233 Schiller Pl. St., 15 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 - 1843

7. AGE: Years 85 | Months 0 | Days 14 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER George Reiss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Anthony Reiss (Address) 4233 Schiller Pl

15. FILED AUG 9 1928 19 May C Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 - 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 7 - 24, 1928, to 8 - 7, 1928, that I last saw him alive on 8 - 7, 1928, and that death occurred, on the date stated above, at 11 55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrene of legs Rt & LT non diabetic arteriosclerotic

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis general

..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-24-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) N. Nomonock, M. D

, 19 (Address) 600 A Kingshighway

*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: SS Peter Paul — DATE OF BURIAL: Aug 10 1928

20. UNDERTAKER: Wacker-Helderle — ADDRESS: 2331-S Bdwy

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.

[illegible] THIS IS A PERMANENT RECORD