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

Do not use this space.

8193

File No. 1840

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis. (No. Josephine Hospital. St. Ward)

Registration District No. 79R

Primary Registration District No. 1003

2. FULL NAME Frank Reiss

(a) Residence. No. 4456 Virginia Avenue 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12.1860.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	9	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher. Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 3 years.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Joseph A Reiss
(Address) 4312 S. Compton Avenue.

15. FEB -8 1929 Filed, 19 Wm C Stark Reg. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-3- 19 29, to 2-6- 19 29, that I last saw him alive on 2-6- 19 29, and that death occurred, on the date stated above, at 6.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated R.
diaphragmatic Hernia.
1224

1224 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Post operative Shock

1180 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4456 Virginia

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/3/29.

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Surgical

(Signed) C W Lawrence, M. D.

2/7/, 19 29 (Address) 7605 S Michigan

*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 Cemetery

DATE OF BURIAL Feb. 9. 1929.

20. UNDERTAKER H H Gebhardt L. and H. Co

ADDRESS 2842 Meramec

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.