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

Do not use this space.

8679

File No.
Registered No. 2352

1. PLACE OF DEATH

County
Township
City St Louis (No. 5169 Vernon Ave St. Ward)

Registration District No. 78
Primary Registration District No. 7008

2. FULL NAME Elfrieda Betty Reige

(a) Residence. No. 5169 Vernon St., 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)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Charles Reige

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(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) Ky

PARENTS
10. NAME OF FATHER Earnest Margraf
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Augusta Balz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. Fred Reige Jr.
(Address) 5169 Vernon Ave

15. FILED Feb 21, 1929 Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Feb 19, 1929 that I last saw h. alive on Feb 18, 1929, and that death occurred, on the date stated above, at 11:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
87 A
77
(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. E. Jones, M. D.
(Address) Lister 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 Valhalla Cemetery — DATE OF BURIAL Feb. 22, 1929

20. UNDERTAKER Drehmann Hartel — ADDRESS 1905 Union

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.

Listen Bldg
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