

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

Do not use this space.

7124

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 303

City St. Louis (No. 3410 Nebraska Ave)

File No.....

Registered No. 1996

St. Ward)

2. FULL NAME William C. Reitz

(a) Residence. No. 3410 Nebraska Ave St. 24 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Emma Reitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin:
	70	5	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Printer
(b) General nature of industry, business, or establishment in which employed (or employer). OWN
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville Ill

10. NAME OF FATHER Hy J Reitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katharine Pfundt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Emma Reitz
(Address) 3410 Nebraska Ave

15. FILED 27 1930 Max C. Staker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1927, to Feb. 24, 1930 that I last saw him alive on Feb. 24, 1930, and that death occurred, on the date stated above, at 6:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C (duration) 3 yrs. mos. ds.
CONTRIBUTORY Asthma non Tuberculous
(SECONDARY) (duration) Many yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. M. Schweich M. D.
Feb. 25th, 1930 (Address) 2327 So. 12th St.

*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 <u>Concordia Cemetery</u>	DATE OF BURIAL <u>Feb. 27 1930</u>
20. UNDERTAKER <u>Theo. W. Beiderweden</u>	ADDRESS <u>1986 St. Louis ave.</u>

a. 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.

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