WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

3978

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1227

City St. Louis (No. 3018 - N. Taylor Ave St. ..... Ward)

2. FULL NAME George M. Reiser

(a) Residence. No. ..... St., 10 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 8 mos. 24 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1914

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16	8	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Messenger Boy
(b) General nature of industry, business, or establishment in which employed (or employer) 254
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

PARENTS

10. NAME OF FATHER Gerge Reiser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) DB. Soto Mo

12. MAIDEN NAME OF MOTHER Stella - Boody

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arksas 2

14. INFORMANT George Reiser
(Address) 3018 - N. Taylor Ave

15. FILED JAN 31 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13th, 1931, to Jan 30th, 1931 that I last saw him alive on Jan 29, 1931, and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post Tonsilar abscess:
1154
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Scarlet Fever
(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Anton Lindlach, M. D.
1/30, 1931 (Address) 2202 Lemmons 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 Calvary — DATE OF BURIAL Feb 2 1931

20. UNDERTAKER Edw. F. Howard & Sons — ADDRESS 4212 St Louis Ave