

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

Do not use this space.

8029

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1008  
(No. 3434 St. Jefferson)

File No.....  
Registered No. 2400  
St. .... Ward)

**2. FULL NAME**

Louis Reeg  
(a) Residence, No. 4214 Neosho St., 15 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Margaret Reeg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 22<sup>nd</sup> 1867

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>10</u>	<u>29</u>	

8. OCCUPATION OF DECEASED Headwood finisher  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) 94  
(c) Name of employer

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

10. NAME OF FATHER Nickolas Reeg

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

12. MAIDEN NAME OF MOTHER Margaret Klung

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

14. INFORMANT Margaret Reeg  
(Address) 4214 Neosho

15. FILED 23 1931 May C. Stork REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21<sup>st</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from 2:20 to 2:21, 1931, and that I last saw him alive on 2-20, 1931, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Cardiac Distention  
93C  
95B (duration) 7 yrs. 2 mos. 1 ds.  
CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) 7 yrs. 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED ①  
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. Schmeiner M. D.

FEB 23 1931 (Address) 6811 G Genois

\*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 Sunset Burial Park DATE OF BURIAL Feb. 24<sup>th</sup> 1931

20. UNDERTAKER Mrs. Schmeiner ADDRESS 2015 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.

WRITE PLAINLY WITH ONE WORD ONLY

6811 N. 1000

9-10

1000