

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

Do not use this space.

42100

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123
 Township GAEONDELET Primary Registration District No. 6248 B
 City Jefferson Barracks, Mo. U.S. Veterans Administration Hospital St. _____ Ward)

2. FULL NAME Edward H. Reiser.

(a) Residence, No. 2025 Menard Str., St. _____ Ward. _____
 (Usual place of abode) St. Louis, MO. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred un yrs km mos. own 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 Mrs. Josephine Reiser		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1896		
7. AGE	YEARS	MONTHS
	35	6
		24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Handler.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.		
10. Date deceased last worked at this occupation (month and year) Unavailable.		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri.		
13. NAME Unavailable.		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable.		
15. MAIDEN NAME Unavailable.		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable.		
17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director, U.S. Veterans Hospital, Jefferson Barracks, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Olive</u> DATE <u>Dec 19</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Southern 6370 S Grand Blvd</u>		
20. FILED <u>Dec 20</u> , 19 <u>31</u> <u>L. C. Obrowski</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 17, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **November 21, 1930, to December 17, 1931**
 I last saw him alive on **December 17, 1931** Death is said to have occurred on the date stated above, at **7:18 AM.**
 The principal cause of death and related causes of importance were as follows:
General Paresis.

Other contributory causes of importance: **83**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Physical, X-Ray & Laboratory findings.** as cause an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) **A. C. Gibson**, Medical Officer in Charge
 (Address) **U.S. Veterans Administration Hospital, Jefferson Barracks, Mo.**

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.

