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

Do not use this space.

15208

File No.

Registered No. 61

1. PLACE OF DEATH
County: St Louis
Township: Gatewer
City: Wilmer Mo (No. 822 S. Clark St. Ward)
Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME: Bernadina Reis
(a) Residence, No. 822 S. Clark St., 3 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26 1848

7. AGE: YEARS 84 MONTHS 4 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Non
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Wessel Steinweg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Bernedina Stoberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Wm O Smith, Wilmer Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE St Louis DATE 4-6-1932
19. UNDERTAKER (ADDRESS): H A Bright & Son, Wilmer Mo
20. FILED May 5th 1932 Ira S Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10 1932, to May 3rd 1932. I last saw h. alive on May 3rd 1932. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis,	
9 D	
11 D	
14 D	
16 D	
Other contributory causes of importance: Senility & Oedema Lungs	

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there 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? No
If so, specify
(Signed) Fred Mufford, M. D.
(Address) Mexico Mo
119 East Monroe St

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 UNFADING INK—THIS IS A PERMANENT RECORD

JUN 21 1932