

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

Do not use this space.

17735

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. St. Louis City Hospital) St. Ward.....

2. FULL NAME

(a) Residence, No. 6315 N. Rosebury St., 23 Ward. St. Louis Co. Mo.
 (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 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 Anna Reifler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 7 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer 155
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto tires
 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) Austria 3

13. NAME Abraham David Reifler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Rafka Sonnenreich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Irwin S. Reifler
 (ADDRESS) 6315 N. Rosebury

18. BURIAL, CREMATION, OR REMOVAL Chapel Shel Smith DATE 5/15/1932

19. UNDERTAKER H. B. Berger
 (ADDRESS) 4715 W. Chippewa

20. FILED MAY 15 1932 Wm. C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 5:35 P. M.

The principal cause of death and related causes of importance were as follows:
Gunshot Wound of Chest Date of onset

whether accidental or intentional could not be ascertained

Other contributory causes of importance:
195 (9) 184 174

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify..... (Signed) J. W. Kemmer, M.D.

(Address) Chapel Shel Smith

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.

JUN 4 1952