

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Dayton (No. St. Louis Co Hospital)

Registration District No. 990

Primary Registration District No. 6033

File No. 17705

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 664 E Big Bend Road 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>57</u>	<u>3</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Troy Illinois
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME John Neary

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

MOTHER 15. MAIDEN NAME Mary McMahon

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

17. INFORMANT (ADDRESS) Herman Reitz
664 E Big Bend Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Ills DATE May 13 1938

19. UNDERTAKER (ADDRESS) Thos J. Fernald
157905 Frank

20. FILED 570 1938 33 R.W. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1938

22. I HEREBY CERTIFY That I attended deceased from March 17 33 to May 9 38
I last saw him alive on May 9 1938 Death is said to have occurred on the date stated above at _____ m.

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

Cerebral Cording
Dehydration
Date of onset 5/9/38

Other contributory causes of importance: 131

Cerebrovascular
Renal disease

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) W. F. O'Connell, M. D.
(Address) West Graves

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.

MAY 24 1938

2038

38

96
92
97

