

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.

OCT 20 1933

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

Do not use this space.

31460

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1033**
City **St. Louis** (No. **Deaconess Hospital**) St. Ward)

File No.
Registered No. **8132**

2. FULL NAME **Rev. J. George Reess**

(a) Residence, No. **4015 Fair Ave** St., **10** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. 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 Bertha		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1867		
7. AGE	YEARS 66	MONTHS 2
	DAYS 29	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Indep. Ev. Prot. Church	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 17, 1933** . 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **July 8th**, 19**33**, to **Sept 17th**, 19**33**
I last saw h. **live on Sept 17th**, 19**33** Death is said to have occurred on the date stated above, at **9 a** m.
The principal cause of death and related causes of importance were as follows:
Ch. hyperten. heart disease, uremia
Date of onset **5 hr 2 days**

Other contributory causes of importance:
Hydrothorax

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Germany
13. NAME	Bernhard Reess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Germany
15. MAIDEN NAME	Agnes Holfingel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Germany
17. INFORMANT (ADDRESS)	Mrs Bertha Reess 4015 Fair Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE	Oak Grove Mausoleum 9/20/33
19. UNDERTAKER (ADDRESS)	Wm. J. & G. L. 2707 no Grand Blvd
20. FILED	SEP 19 1933 J. F. Bredbeck Registrar

Name of operation **Prosthetic chest** Date of **9/7/33**
What test confirmed diagnosis? **Zab** 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) **Arthur S. ...** M. D.
(Address) **220 E. ...**

