

JAN 14 1935

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

Do not use this space.

44720

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **Luthern Hospital**)..... St. **11837** Ward)

2. FULL NAME

Harry H. Reiss

(a) Residence, No. **2057 Russell Ave.** St. **23** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 **Marie Reiss**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 6th. 1881**

7. AGE YEARS **53** MONTHS **4** DAYS **7** If LESS than 1 day, hrs. or min.

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

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.**

13. NAME **Fred Reiss**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Mary Hartman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT (ADDRESS) **Marie Reiss 2057 Russell Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Maries Dec. 17th 1934**

19. UNDERTAKER (ADDRESS) **Wm Schumacher 3015 Meramec Street**

20. FILED **DEC 15 1934** **J F Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 13, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **November 30, 1934** to **December 13, 1934**

I last saw him alive on **December 13, 1934**. Death is said to have occurred on the date stated above, at **11/pm**

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

Streptococci Peritonitis following acute appendicitis Nov. 30 1934

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **W. F. Simon**, M. D.

(Address) **415 Victor St. Home Grand 0098**

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.

