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.

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

Do not use this space.

12214

APR 25 1936

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No.

Township Bonhomme — Primary Registration District No. 3037 — Registered No. 26

City Kirkwood (No. 118 W Madison St. Ward)

2. FULL NAME Robert Francis Reifsteck

(a) Residence, No. 118 W Madison, Kirkwood St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	w	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 9 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	9	

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

FATHER
13. NAME Charles A Reifsteck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Marie A Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Charles A Reifsteck 118 W Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cem DATE 3-20 1936

19. UNDERTAKER (ADDRESS) Louis H Bahr 131 W. Argonne Dr.

20. FILED 3-18- 1936 Agnes C. Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18 /36 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A m.

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

Thymus hypertrophy excessive weight 63 grm. Normal weight of 3 mo. old child 8 grm. This caused excessive pressure upon the upper circulatory tree, blocking

Date of onset

Other contributory causes of importance:

the pulmonary entrance to the heart due to pressure plus thymus: toxemia

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) [signature] 3/18/36, M. D.

(Address) 3718 Jennings Rd. Florence St Louis Co Mo.