

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

Do not use this space.

1. PLACE OF DEATH **MAY 27 1936**
 County St. Louis Registration District No. 1170 File No. 18117
 Township Jefferson Primary Registration District No. 6248H Registered No. 144
 City Webster (No. St. Marys Hospital) St. _____ Ward _____
Richmond Hills, Mo.
 2. FULL NAME: Michael P. Reheis
 (a) Residence, No. 216 Kingsville Court St. _____ 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 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 Helen Reheis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 1 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realestate
 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
 13. NAME Peter Reheis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Elizabeth Eichelman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Mrs Helen Reheis
 (ADDRESS) 216 Kingsville Court 9th Groves
 18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter + Pauls Ch DATE May 4 1936
 19. UNDERTAKER E. J. Schurr
 (ADDRESS) 3125 Lafayette Ave
 20. FILED May 4 1936 216 Kertunde Bldg
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 - 1936
 22. I HEREBY CERTIFY, That I attended deceased from 7:30 PM to 7-20 1936
 I last saw him alive on Apr 29, 1936 Death is said to have occurred on the date stated above, at 2:00 PM Apr 30, 1936
 The principal cause of death and related causes of importance were as follows:
Subdural hemorrhage on left side
Arterio Sclerosis
 Other contributory causes of importance:
Tubercular Pneumonia
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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 _____
 Was disease or injury in any way related to occupation of deceased? no
 I do hereby certify _____
 (Signature) Theresa Underberg, M. D.
 (Address) 725 Metropolitan Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N.B.

This certificate OK'D by Coroner, because of history of automobile injury or collision, sometime in January. Was taken to City hospital and from there to County Hospital, due to fractured leg. Pt. was ambulatory and about again and suddenly became ill, and thought perhaps the injury had something to do with the cause of death, but same was found to be cerebral hemorrhage caused by arteriosclerosis, senile type, Brought to St. Mary's hospital where he expired.

1/21/98