

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.

SEP 1 1936

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 7402, Virginia, ave. 791 1003) St. 1 Ward

File No. 28704  
Registered No. 7560

2. FULL NAME John M. Reiss

(a) Residence, No. 7402 Virginia, Ave. St. 1 Ward. (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 Mildred Reiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sub. Ice Cleaners  
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 Joseph Reiss

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

15. MAIDEN NAME Barbara Hartman

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

17. INFORMANT Mildred Reiss (ADDRESS) 7402 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. peter & Paul DATE July 20 1936

19. UNDERTAKER Jos. P. Fendler, Jr. (ADDRESS) 7128 Michigan, Ave.

20. FILED JUL 17 1936 Jo Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14-1936 to 7-16-1936

I last saw him alive on 7-3-1936. Death is said to have occurred on the date stated above, at 6:15 P.

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

Coronary thrombosis  
94  
Arteriosclerosis  
Libellat

Date of onset

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) Carl J. Reiss, M. D.

(Address) 31 W. Washington

