

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.

AUG 18 1936

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

Do not use this space.

29305
29315

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. Anthonys Hospital)

File No.
Registered No. 8106
St. Ward)

2. FULL NAME

William J. Reifeiss.
(a) Residence, No. 3411 Meramec, St. 15 Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Reifeiss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/25/73</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>8</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>
	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.

FATHER 13. NAME Louis Reifeiss

FATHER 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Wilhemina Rogge

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

17. INFORMANT Emma Reifeiss
(ADDRESS) 3411 Meramec, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE 8/1/36 19.....

19. UNDERTAKER W. C. Moydell
(ADDRESS) 1926 Allen, Ave.

20. FILED W. C. Moydell 19.....
W. C. Moydell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29/36 19.....

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to July 29, 1936
I last saw him live on July 28, 1936 Death is said to have occurred on the date stated above, at 8-10 P.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral apoplexy 9 days
Other contributory causes of importance:
heart or lungs 1 day

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical 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? No
If so, specify.....
(Signed) W. C. Moydell, M. D.
(Address) 814 7 8 Jefferson Ave

FILED 31 1936

