MAY 7 1937

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

Do not use this space.

14356

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. Isolation Hospital St. ..... Ward)

File No. 3852

Registered No. .....

2. FULL NAME Mary Reeg

(a) Residence, No. 4956 Blow St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 3 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)
White	Female	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	1	3	

OCCUPATION

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

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 Henry Fischer.

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

MOTHER

15. MAIDEN NAME Unknown ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geramany ?

17. INFORMANT (ADDRESS) Stella Grady. 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Picker DATE Apr. 13th. 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED APR 12 1937, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1937, to April 9, 1937

I last saw her alive on April 9, 1937. Death is said to have occurred on the date stated above, at 3 40 P m.

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

	Date of onset
Erysipelas Leg	3-30-37
Fract Rt femur in home	1-30-37

Other contributory causes of importance:

Septicemia

186 a

Name of operation none Date of none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-30, 1937

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fell to floor

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry J Ulrich, M. D.

(Address) 5600 Arsenal

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.