

FEB 12 1938

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

617
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **6068 Thekla Avenue** St. **7**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emily Reidt 300
 (a) Residence, No. **6068 Thekla Avenue** St. **7** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Edward R. Reidt**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 25, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as 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) **Milstadt Ill**

FATHER 13. NAME **Peter Diehl**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Milstadt Ill**

MOTHER 15. MAIDEN NAME **Margaret Rodermich**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Milstadt Ill**

17. INFORMANT (ADDRESS) **Edward R. Reidt 6068 Thekla Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **Jan. 15, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **J. P. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 12, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1/3 1938**, to **1/12 1938**

I last saw her alive on **1/12 1938**. Death is said to have occurred on the date stated above, at **7:30 P. M.**

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

Labor Pneumonia
 Other contributory causes of importance: **108**

Name of operation **none** Date of
 What test confirmed diagnosis? **clinical symptoms** 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. J. ...**
 (Address) **53 ...**

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.

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Leonard Hampton
Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)