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.

REC'D JUN 9 1938

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

Do not use this space.

16291

1. PLACE OF DEATH

County ..... Registration District No. 1003 (891) File No. 4152

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. Alexian Bros Hospital St. ..... Ward)

2. FULL NAME Jacob Ries 21

(a) Residence, No. 538 No 18th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Mary Ries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-18-1860

7. AGE: YEARS 78 | MONTHS 3 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Candy Merchant
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): 1928
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minn

FATHER

13. NAME: Jacob
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Luxemberg

MOTHER

15. MAIDEN NAME: Josephine Momer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Luxenberg

17. INFORMANT (ADDRESS): Carl Ries 1400 Ill ave E Stlouis

18. BURIAL, CREMATION, OR REMOVAL
PLACE: E Stlouis Ill DATE: 5-7, 1938

19. UNDERTAKER (ADDRESS): Brickler Und Co E Stlouis Ill

20. FILED ....., 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to May 4, 1938
I last saw him alive on May 4, 1938. Death is said to have occurred on the date stated above, at 4:25 p. m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset

Other contributory causes of importance:
Cerebral oedema

Name of operation ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. Luxenberg, M. D.
(Address) 325 Frisco Bldg St. Louis

I Embalmed the body of Jacob Rees

Howard F Rowland
No 3114
Wains Mo