E9622

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34628

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 9166

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township) NOV 13 1939

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days (Specify whether years, months or days)

In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2020 Sidney St. (If rural, give location) 23

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME John B. Reitz 320

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife marie Rothgerber

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 26 (Day) 1859 (Year)

8. AGE: Years 80 | Months - | Days - | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation Brass wolder 6

11. Industry or business Fixture

FATHER
12. Name Frederick Reitz 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Rose Schuchard

(b) Address 2020 Sidney St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John K Zugenhem & Sons

(b) Address 7027 Gravois Ave

19. (a) OCT 26 1939 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26, year 1939 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from October 8, 1939, to October 26, 1939; that I last saw him alive on October 26, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold Freedman (M. D. or other)

Address 1515 Lafayette, Date signed 10/26/39

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.