

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41488
10611
Registrar's No. _____

JAN 12 1939
Registration District No. 201

Primary Registration District No. _____

1. PLACE OF DEATH: 1003 2
(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3630 Phillips Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Hibbie Reis 200
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry H Reis 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec 1 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name Alvin W. Houk 1
13. Birthplace Penna 5
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kearns

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry H Reis

(b) Address 3630 Phillips Place

17. (a) Burial (b) Date thereof 12-13-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Meek & Dietzman

(b) Address 3039 Gaston Ave

19. (a) DEC 12 1939 (b) J. J. Brubaker
(Date of recording) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St Louis Mo 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3630 Phillips Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 th
year 1939 hour 230 minute 47 M.
21. I hereby certify that I attended the deceased from July 1934
to 1939, to _____, 19____;
that I last saw her alive on Nov 11 - 1939, at _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to 3 H
Due to _____

Other conditions Carbonyl of liver (leukotic)
Chronic nephritis
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Alvin W. Houk (M. D. or other) 1
Address St Louis Mo Date signed 12-12-39

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 Howard A. Rowland

Licensed Embalmer No. 3114

P. O. Address Atkins, Mo.

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.)

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

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