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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8624**  
Registrar's No. **2034**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Anthony's Hospital**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **117**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **5908 Livingston**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Thomas H. Reis**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **Single** years

7. Birth date of deceased **February 15, 1941**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
-- -- **18** hr. min.

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

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **Clarence Reis**

13. Birthplace **Bellville, Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marion Hockelmann**

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

16. (a) Informant **Clarence Reis**  
(b) Address **5908 Livingston**

17. (a) **Burial** (b) Date thereof **Mar. 4 '41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Brommberg and Co.**

(b) Address **4746 W. Florissant Ave.**

19. (a) **MAR 4 1941** (b) **J. W. Bledsoe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **3**  
year **1941** hour **5** minute **40** A. M.

21. I hereby certify that I attended the deceased from **Feb. 16**  
\_\_\_\_\_, 19**41**, to **Mar 3**, 19**41**;  
that I last saw ~~her~~ **him** alive on **Mar 3**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumo Pneumonia** Duration **8 days**  
**(aspiration)**  
**Malnutrition** **7 day**  
Due to **Atresia of Esophagus** **Since Birth**  
Due to **Tracheo-Esophageal Fistula** **11**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: **Atresia of Esophagus**  
Of operations **Tracheo-Esophageal Fistula**  
Of autopsy **Same + absence of**  
**rupt lung.**

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 **0**

23. Signature **P. J. Thaman** (M. D. or other) \_\_\_\_\_  
Address **4908 Marshall** Date signed **Mar 3 '41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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