

No. 2
4-13-40
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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. 8794

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 2204

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 5438 Rhodes Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Augusta Reifeiss
3. (b) If veteran, name war
3. (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 Fred
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 29 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 7
If less than one day hr. min.

9. Birthplace St Louis 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

12. Name Christian Pitzer
13. Birthplace St. Louis 0 Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rogge
15. Birthplace Cedar Hill 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Reifeiss
(b) Address 5438 Rhodes Ave.

17. (a) Burial (b) Date thereof 3-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director H. Schumacher
(b) Address 3013 Meramec St.

19. (a) MAR 10 1941 (b) J. T. Brudeck
(Date received, local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 217
(d) Street No. 5438 Rhodes Ave. 9
(e) If foreign, how long in U.S.A. 0 years

20. DATE OF DEATH: Month March day 6
year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Cerebral hypoxia
Due to 83a
Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations
Of autopsy

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) (b) Means of injury 3
23. Signature (M. D. or other)
Date signed 3/10/41

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

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

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.....

Clarence J. Rochow....., Registered Apprentice No.
working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

B. O. Address 3013 Meramec St.

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, fact should be so stated above.