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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27959

Registration District No. 121 — Primary Registration District No. 3009 — Registrar's No. 312

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: (Cape) Wilmarnorris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1310 N. Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No.: 310 North Pacific
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years: 0

3. (a) PRINT FULL NAME: Andrew C Reif
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: M
6. (b) Name of husband or wife: Ida
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 16 (Day) 1859 (Year)
8. AGE: Years 82 Months 4 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace: Odelfafon (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Retired Loc. Eng.
11. Industry or business: Railroad.
12. Name of father: David Reif.
13. Birthplace of father: Germany (City, town, or county) (State or foreign country)
14. Maiden name of mother: Elizabeth Richert.
15. Birthplace of mother: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ida Reif
(b) Address: 310 N. Pacific
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mosoleum
18. (a) Signature of funeral director: Joe G Howell
(b) Address: Cape Girardeau Mo
19. (a) 8-21-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 20 year: 1941 hour: 6 minute: 30 A.M.
21. I hereby certify that I attended the deceased from July 1 1940, to Aug 20 1941; that I last saw him alive on Aug 17 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart disease — Duration 3 yrs.
Due to: 908
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: J W Berry (M. D. or other) MD
Address: Cape Girardeau, Mo Date signed: 8/21/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3390

P. O. Address Cape Girardeau

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

If this body is not embalmed, fact should be so stated above.