

Registration District No. 787

Primary Registration District No. 181

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
23 Crestwood Drive
(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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 23 Crestwood Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louisa M. Reitz

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

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

6. (b) Name of husband or wife Adam Reitz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name William Born,

13. Birthplace Hessen Darmstadt, Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Dorothea Ruhland

15. Birthplace Hessen Darmstadt, Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Fred Reitz

(b) Address 23 Crestwood Drive

17. (a) Burial (b) Date thereof 9/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) SEP 29 1941 (b) E. J. McFarlan MD.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1, 1941, to Sept 28, 1941; that I last saw her alive on Sept 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration 6 mo

Due to _____
Due to 486

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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) not

(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? _____

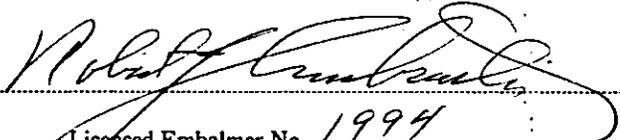
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. W. Robert W. (M. D. or other) (D)
Address 2739 N. Grand Date signed 9/28/41

1994
10/11/94

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. 1994
P. O. Address AR. Lewis

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.