

FILED APR 13 1942
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:
3642 Kosciusko St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **1**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County..... **24. 000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **3642 Kosciusko St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Frederick A. Reising**
3. (b) If veteran, name war..... **none**
3. (c) Social Security No. **489-18-9135**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **widowed**
6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **December 13 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 17 hr. min.

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

10. Usual occupation **Freight handler**

11. Industry or business **Anheuser-Busch Inc.**

MOTHER FATHER

12. Name..... **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Emmett Reising**
(b) Address..... **3306 So. Compton Ave.**

17. (a) **Burial** (b) Date thereof **4/2/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Maehle - Aldrich**
(b) Address **3634 Gravois Ave.**

19. (a) **MAR 31 1942** (b) **J. F. Dredsch**
(Date of filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30** th.
year **1942** hour **8** minute **05** P.M.
21. I hereby certify that I attended the deceased from
1935 to **Mar 30, 42**
that I last saw him **alive on** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to.....
Due to.....
Other conditions **Senility**
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration

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.....
23. Signature..... **Walter O. Urban** (M. D. or other)
Address **3665 So. Broadway** Date signed **3/31/42**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank J. Holland

Licensed Embalmer No.....

2645

P. O. Address.....

St Louis 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, fact should be so stated above.