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S. No. 2
M-9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23057
6405

State File No.

FILED AUG 6 1942
791

Primary Registration District No. 1003

Registrar's No.

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **6 Days** (Specify whether
In this community..... **35yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED: **600**

(a) State **Missouri** (b) County..... **17**

(c) City or town..... **St. Louis** **2 23**
(If outside city or town limits, write "RURAL")

(d) Street No..... **1539 South Seventh St.,**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **Carl Theodore Reif**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **10,**
year..... **1942** hour..... **11:10** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **July**
..... **5,** 19..... **42** to..... **July 10,** 19..... **42.**
that I last saw h..... **im** alive on..... **July 10,** 19..... **42.**
and that death occurred on the date and hour stated above.

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Separated**

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

7. Birth date of deceased..... **January 4, 1863**
(Month) (Day) (Year)

Immediate cause of death..... **arteriosclerotic heart disease**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

79	6	6	hr. min.
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PHYSICIAN

Major findings:
Of operations.....

Of autopsy..... **Not done.**

Underline the cause to which death should be charged statistically.

9. Birthplace..... **Terre Haute Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Laborer**

11. Industry or business..... **Unknown**

MOTHER, FATHER

12. Name..... **Theodore Reif**

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

14. Maiden name..... **Augusta Reimer**

15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Ann Morrison**
(b) Address..... **St. Louis City Hospital.**

(c) **Paternal Burial** (Burial, cremation, or removal) (b) Date thereof..... **7-15-42**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Louis**

18. (a) Signature of funeral director..... **W. Reiter**
(b) Address..... **3550 Ridge**

19. (a) **III 20 1942** (Date of local registration) (b) **J. F. Bredeh** (Registrar's signature)

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..... **Geo. J. Wade** (M. D. or other)
Address..... **1515 Lafayette Avenue.** Date..... **7/10/42**

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.....

P. O. Address.....

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.