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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8711

FILED APR 3 1943

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 2891

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:
5511 Alcott Ave /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 1

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

(d) Street No. 5511 Alcott Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Milton Davis Reil,

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 30 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 8 Days ~~18~~ 24 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Charles Monroe Davis
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Brauer
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant ~~Milton Davis~~ Charles Monroe Reil

(b) Address 5511 Alcott ~~Ave~~

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~Mar~~ 27 ~~1943~~ (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Av

19. (a) MAR 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1943 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from march 16 1943 to mar 24 1943
that I last saw him alive on march 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to —

Due to — /31

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

Major findings: —
Of operations

Of autopsy —

Duration Dont know

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 R. R. Minnown 0 (M. D. or other) M.D.

Address 5330 Geraldine Date signed 3/25/43

(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 Felix J. Krieger

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.