

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

16504

State File No. \_\_\_\_\_  
Registrar's No. **5064**

FILED JUN 9 1943 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
**City Infirmary**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2yrs, 5mo, 5days.**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Martin Reeg.**

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 **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 19 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65 7 12** hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **None**

12. Name **Michael Reeg.**

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

14. Maiden name **Minnie Miller.**

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

16. (a) Informant **Louise Green**

(b) Address **5800 Arsenal**

17. (a) **Cremation** (b) Date thereof **6-2-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Crematory**

18. (a) Signature of funeral director **Gas Ryan**

(b) Address **5600 Pershing**

19. (a) **JUN 2 1943** (b) **J. F. Brebeck**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL")  
(d) Street No. **5800 Arsenal** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **American**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**, year **1943** hour **5:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 1**, 19**43** to **May 31**, 19**43**  
that I last saw him alive on **May 30**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative Heart Disease**

Due to **Senility**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **Pulmonary edema - Cirrhosis of liver - Tumor of mesentery**

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 **J. F. Brebeck** (M. D. or other) **MD**  
Address **City Infirmary** Date signed **6/1/43**

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**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.**