

No. 2
-5-43
17-39
X3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15840

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1028

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:
St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
Kirkwood
 (c) City or town 76
 (If outside city or town limits, write "RURAL")
 (d) Street No. 451 Magnolia
 (If rural, give location) 11
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julia Reifsteck
 3. (b) If veteran, name war --
 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4-28-44 day _____
 year _____ hour 9:40 P. minute _____ P. M.
 21. I hereby certify that I attended the deceased from
4-27-44 19____ to 4-28-44 19____
 that I last saw h. e. r. alive on 4-28-44 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Wid. 9
 6. (b) Name of husband or wife Albert Reifsteck (Dec.) alive _____ years
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12-24-1877
 (Month) (Day) (Year)

Immediate cause of death Arteriosclerotic heart disease Duration ?

8. AGE: Years Months Days If less than one day
66 4 4 hr. _____ min.

Due to Generalized arteriosclerosis ?

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

Other conditions Infection of left leg. 3 wks.
 (Include pregnancy within 6 months of death)

10. Usual occupation Housewife

Major findings: 92d
 Of operations: _____

11. Industry or business _____

MOTHER FATHER
 12. Name Charles White Mo.
 13. Birthplace Unknown Unknown Unknown
 (City, town, or county) (State or foreign country)

Of autopsy Infarct (healed) of myocardium
chronic endocarditis
 Underline the cause to which death should be charged statistically.

14. Maiden name Unknown Rosella La. Lae
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Chas. Reifsteck
 (b) Address 118 W. Madison - Kirkwood

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 5-2-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Hill Cem.

(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? _____

18. (a) Signature of funeral director Louis H. Bopp, Jr.
 (b) Address Kirkwood Mo.

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

19. (a) MAY 4 - 1944 (b) E. J. McHarran, M.D.
 (Date received local registrar) (Registrar's signature)

23. Signature John A. Nilson (M. D. or other) M.D.
 Address St. Louis County Hospital Date signed 4-29-44

MAR 14 1946

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 Demand*

Licensed Embalmer No. *3034*

P. O. Address..... *Kirkwood m*

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.