

FILED JUL 21 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3970 Burgen Ave., 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 91
 (d) Street No. 3970 Burgen Ave.,
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Maria Reitz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widowed

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

7. Birth date of deceased May 28th, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 13 hr. _____ min. _____

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Not known 9

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known 9

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Fritsch

(b) Address 3970 Burgen

17. (a) Cremation (b) Date thereof 7/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director _____

(b) Address 7027 Gravois Ave.

19. (a) J. R. Bredsch (b) _____
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
 year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from July 6, 1944 to July 10, 1944
 that I last saw him alive on July 10, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Paradoxical occlusion: Duration _____

Due to Arterio Sclerosis

Due to Diabetes

Other conditions _____
(Include pregnancy within 3 months of death) 61

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address 5817 Gravois St. St. Louis Date signed 7/14/44

JUL 13 1944

Embalmer separate Cert files

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.