

FILED SEP 18 1944

Registration District No. 1944

Primary Registration District No. 6076

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

600

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
622 Bayless
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 years
years, months or days

3. (a) PRINT FULL NAME Frank P. Reith

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-12-7979

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sophia

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 5, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Leonold Reith

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

14. Maiden name Unknown

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

16. (a) Informant Sophia Reith

(b) Address 622 Bayless

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 13, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation St. Olive Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) SEP 14 1944 (Date received local registration)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 622 Bayless
(If rural, give location)

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

If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1944 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Sept 10, 1944 that I last saw him alive on Sept 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Pancreas

Metastatic Fluke in Colon

Duration 3 mo

Due to _____

Due to _____

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

Major findings:
Of operations etc

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 0

23. Signature [Signature] (M. D. _____)

Address 4145 S Grand Date signed 9/11/44

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 John Katter
Licensed Embalmer No. 3880
P. O. Address 12500 1st St

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.