S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3567

Registrar's No. 2757

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Berliner Nursing Home (If not in hospital or institution, write street number or location) 4

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1

In this community: 39 years

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")

(d) Street No.: 1732 Chouteau av. (If rural, give location)

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

If yes, name country: 1

3. (a) PRINT FULL NAME: Goldie Reiss

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: Morris Reiss

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

7. Birth date of deceased: unk (Month) (Day) (Year)

8. AGE: Years: about 79 Months: Days: If less than one day: hr. min.

9. Birthplace: Galicia (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

MOTHER FATHER

12. Name: Louis Unterberger

13. Birthplace: Poland 4 (City, town, or county) (State or foreign country)

14. Maiden name: Gertrude (unk)

15. Birthplace: Poland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Ben Reiss

(b) Address: 1624 S. Broadway

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/9/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Berger Memorial

(b) Address: 4715 McPherson ave.

19. (a) JAN 10 1945 (Date received by registrar) (b) E. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 8 year: 1945 hour: 10 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 25, 1944 to Jan. 8, 1945 that I last saw her alive on Jan. 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days
Due to Arteriosclerosis	
Due to Senile Cond.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: None

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): no.

(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: Roy Walther (M. D. or other) M.D.

Address: 2438 Hoodon Rd. Date signed: 1-8-45

(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.....

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.