

11685

State File No. _____

FILED APR 23 1945

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **3036**

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

00
17
9

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3643 Arkansas Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

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. **3643 Arkansas Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Louis C. Reifeiss**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Augusta** **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased **June 24, 1872**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 **9** **9** _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Horse Trainer**

11. Industry or business _____
MOTHER FATHER
12. Name **Henry Reifeiss**
13. Birthplace **New York**
 (City, town, or county) (State or foreign country)
14. Maiden name **Lena Reinhardt**
15. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Augusta Reifeiss**
(b) Address **3643a Arkansas Ave.**
17. (a) Burial (b) Date thereof **April 5, 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**
18. (a) Signature of funeral director **Schumacher & Co.**
(b) Address **3013 Meramec St.**

19. (a) **APR 5 1945** **J. F. Brecken**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **2, 1945**
 year _____ hour **3:30 P.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **Oct 1**
1942 to **April 2** 19**45**
 that I last saw him alive on **April 2** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypostatic Pneumonia **2 days**
 Due to _____
Hypertensive crisis - renal
 Due to **Vascular disease** **10 yrs**
 Other conditions _____
 (Include pregnancy within 3 months of death)

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) **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? _____ **(c) Means of injury** _____
23. Signature **H. J. Shultz** (M. D. or other) **MD.**
Address **1703 Virginia** **Date signed** **4-4-45**

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 *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St. Louis Mo.*

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.