S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29335

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8332

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: 4611 Lee Ave.
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 609

(c) City or town St. Louis 17 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4611 Lee Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine C. Reisert

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Daniel J. Reisert

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

7. Birth date of deceased July 8, 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name August Hossenlopp
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kaup
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Daniel Reisert
(b) Address 3454 Oakdale, Pine Lawn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 27, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1945 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1945, to Sept 24 1945
that I last saw her alive on Sept 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. A. Mel M.D. (M. D. or other)

Address 3901 W. Florissant Date signed 9/25/45

(Licensed Embalmer's Statement on Reverse Side)

3901 S. Florissant Ave
Bo 4767
MU 0036
Jeffs Funeral

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 A. Mlinar

Licensed Embalmer No. 4186

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.