S. No. 2
0M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18817

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4490

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

17695

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: ST ANTHONY'S Hosp ()
(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 OOC

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

(d) Street No. 3928 Dover
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES HENRY REIS

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE ()

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT (Month) 25 (Day) 1945 (Year)

8. AGE: Years | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO () (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Clarence Reis
13. Birthplace Belleville Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Bockelmann
15. Birthplace St Louis (City, town, or county) MO () (State or foreign country)

16. (a) Informant Mr Clarence Reis

(b) Address 3928 Dover Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm J. Robert L+UC

(b) Address 1903 S Grand Blvd.

19. (a) MAY 20 1946 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1946 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Sept 25, 1945, to May 19, 1946, that I last saw him alive on May 19, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis @ c̄ deficiency of inter-ventricular septum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy Same as above

Duration: Congenital

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PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 [illegible] (M. D. or other)

Address 3804 Wilmington Ave Date signed 5-19-46

(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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

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.