

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 25 1947
#5592

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318 Primary Registration District No. 1003

State File No. 15572
Registrar's No. 4004

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS.
(Specify whether
In this community 50 YRS LIFE.
years, months or days OF)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI. (b) County St. Louis
(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 4543 N. 2ND ST.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE.

3. (a) PRINT FULL NAME MARY REISCHLING (Johnson)
3. (b) If veteran, name war _____
3. (c) Social Security No. UNKNOWN.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16th
year 1947 hour 9:39 minute _____ P _____ M.
21. I hereby certify that I attended the deceased from 3/11/47
to April 16th, 1947,
that I last saw her alive on April 16th, 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE race WHITE
5. Color or race _____
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLES REISCHLING
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased JAN. 29TH 1881.
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 2 weeks
Due to Obstruction of ureters 2 wks.
Due to Carcinoma of cervix & pelvic metastases 3 yrs.
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 3 Days 17
If less than one day _____ hr. _____ min.

Major findings: Carcinoma of pelvis
Of operations Pelvic abscess
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation HOUSEWIFE.

11. Industry or business AT HOME.

12. Name UNKNOWN.

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

14. Maiden name UNKNOWN.

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

16. (a) Informant Mr. & Mrs. Wm. Brewer

(b) Address RT. 10 BOX 652 FERGUSON MO.

17. (a) BURIAL. (b) Date thereof APR 19TH 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY.

18. (a) Signature of funeral director Brockland and Co.
(b) Address 1827 HOGAN ST.

19. (a) APR 17 1947 (b) J. F. Brexick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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 _____
23. Signature 1515 Lafayette (Date) 4/17/47
Address _____ Date signed _____

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

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 Henry M. Bramer.
Licensed Embalmer No. 4200
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.