

S. No. 2
M-1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947 318
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 43422
Registrar's No. 11586

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

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: 3337 MISSOURI AV.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County..... —
(c) City or town..... ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 24 3337 MISSOURI AV. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... DAVID LEE REITZ
3. (b) If veteran, name war.....
3. (c) Social Security No.
4. Sex..... MALE 5. Color or race..... WHITE
6. (a) Single, widowed, married, divorced..... SINGLE
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... AUG - 18 - 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... DEC day..... 16
year..... 1947 hour..... 1:30 minute..... 00 A.M.
21. I hereby certify that I attended the deceased from.....
June 3..... 1947, to..... Nov 28..... 1947;
that I last saw him alive on..... Nov 28..... 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Metastasis

8. AGE: Years Months Days If less than one day
6 3 28 hr. min.

Due to..... Wilms tumor Lt. kidney

9. Birthplace..... ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation..... SCHOOL CHILD

Other conditions..... Chc. gonorrhoeae
(Include pregnancy within 6 months of death)
Duration.....
PHYSICIAN.....
Underline the cause of which death should be charged statistically.

MOTHER FATHER
11. Industry or business.....
12. Name..... HAROLD REITZ
13. Birthplace..... ST. LOUIS (City, town, or county) MO. (State or foreign country)
14. Maiden name..... DORIS BUNKER
15. Birthplace..... ST. CHARLES (City, town, or county) MO. (State or foreign country)
16. (a) Informant..... HAROLD REITZ
(b) Address..... 3337 MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof..... 12-18-47
(Month) (Day) (Year)
(c) Place: burial or cremation..... LUTHERAN CHURCH ST. CHARLES MO.
18. (a) Signature of funeral director..... HACKMAN BANK
(b) Address..... ST. CHARLES MO.
19. (a) DEC 10 1947 (Date received from Registrar) (b) J. F. Bredak (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....
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..... Stephen M. Tupper (M. D. or other) 0
Address..... 1010 Paul Brown Bldg Date signed..... Dec 17 1947

11536

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.....

Jan M. Simon

Licensed Embalmer No.....

4343

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.