

No. 2
-1/47
17-39

UNITED STATES DEPARTMENT OF HEALTH
National Office of Vital Statistics
FILED FEB 28 1948
Registration District No. 280

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. 1003

State File No. 6920
Registrar's No. 1682

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..... **4246 Juniata**
(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..... **000**
(c) City or town..... **St Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4246 Juniata** **9**
16 (If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Peter Reitz**
3. (b) If veteran, name war..... **No**
3. (c) Social Security No. **499-28-1116**
4. Sex..... **Male** 5. Color or race..... **Wh.**
6. (a) Single, widowed, married, divorced..... **Mar.**
6. (b) Name of husband or wife..... **Margareta Oresan**
6. (c) Age of husband or wife if alive..... **65** years
7. Birth date of deceased..... **Feb 6th 1887**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **2nd** day..... **16th**
year..... **1948** hour..... **10/45** P.M. M.
21. I hereby certify that I attended the deceased from..... **June 3rd 1948**
to..... **Feb 16th 1948**
that I last saw him alive on..... **Feb 16th 1948**
and that death occurred on the date and hour stated above.
Duration.....

8. AGE: Years Months Days If less than one day
81 **-10** **10** hr. min.

Immediate cause of death..... **Cor. lac. Decomposition** **17 days**
Due to..... **Chronic Uncomplicated Disease**

9. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Retired Baker**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....
12. Name..... **Peter Reitz** **4**
13. Birthplace..... **Austria** **4**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Margareta Fett**
15. Birthplace..... **Austria** **4**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsies.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Margareta Reitz**
(b) Address..... **4246 Juniata**
17. (a) **Burial** (b) Date thereof..... **2-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **S. S. Peter & Paul Cem.**
18. (a) Signature of funeral director..... **Wingbermuehle**
(b) Address..... **3819 S. Grand Blvd.**
19. (a) **FEB 18 1948** (b) **J. F. Bueck**
(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).....
(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?.....
While at work..... (Specify type of place) (e) Means of injury.....
23. Signature..... **Paul B. Webb** (M. D. or other) **Feb 18 1948**
Address..... **1915² Sidney** Date signed..... **2/18/48**

WRITE PLAINLY—USING 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..... *Elmo R. Godwell*.....
Licensed Embalmer No. 4077.....

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.