No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Rev. W. B. Burke 2005 S. Grand

State File No. 15036

FILED APR 30 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1054

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Pattonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles Road 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George H. Reiter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased Jan (Month) 2 (Day) 1881 (Year)

8. AGE: Years 67 Months 3 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business self

FATHER
12. Name George J. Reiter
13. Birthplace Mt. Pleasant (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Christman
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mary Reiter
(b) Address Pattonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 4-26-48 (Date received local registrar) (b) Cecil A. Stoughton Mt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 1st, 1947, to April 23, 1948;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to 93e

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 W. B. Burke (M.D. or other)
Address 2005 S. Grand Date signed 4-29-48

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

Jefferson City Printing Co.

(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 3454

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.