

FILED SEP 13 1948

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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:  
Josephine Heitkamp Hospital  
(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)

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4022 Weber Rd.  
(If rural, give location)

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

If yes, name country.....

3: (a) PRINT FULL NAME MARIE J. REIS

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 27 day.....  
year 1948 hour 9 minute 21 A.M.

21. I hereby certify that I attended the deceased from Jan, 1945 to Aug 27, 1948; that I last saw her alive on Aug 26, 1948; and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Valentine C.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. May 1 1899  
(Month) (Day) (Year)

Immediate cause of death.....  
Carcinoma of liver (Secondary)

Due to Carcinoma of Rectum

Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings: Carcinoma of Rectum

Of autopsy.....

Duration 6 mo  
2 year

8. AGE: Years 49 Months 3 Days 26  
If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business at home

12. Name Joseph Sigg

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

14. Maiden name Amelia Weik

15. Birthplace St. Louis Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Valentine C. Reis

(b) Address 4022 Weber Rd.

17. (a) burial (b) Date thereof Aug 30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) AUG 31 1948 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to 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?.....

While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature Quinn J. Williams (M. D. or other) MD  
Address 7619 9th Date signed 9/12/48

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**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 W E Morris

Licensed Embalmer No. 3360

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.**