

300  
10-47  
17-39  
I 3906

FILED OCT 23 1948 318  
Registration District No.

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:  
2925 Hebert St. /  
 (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)

3. (a) PRINT FULL NAME Edward Charles Reifschneider  
 3. (b) If veteran, name war..... No  
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Annie Reifschneider  
 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased. April 7 1894  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 6 5 hr. min.

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

10. Usual occupation Checker

11. Industry or business Mallinkrodt Chemical Co.

12. Name Edward Reifschneider

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

14. Maiden name Jennie Fella

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

16. (a) Informant Mrs. Annie Reifschneider

(b) Address 2925 Hebert St.

17. (a) Burial (b) Date thereof 10-14-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 13 1948 (b) J. Lasater  
 (Date received local registrar) (Registrar's signature)

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. 2925 Hebert St.  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 12  
 year 1948 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 9-3 1948 to 10-12 1948  
 that I last saw him alive on 10-9 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 hours

Due to.....  
 Due to.....

Other conditions Bronchiolitis, Bronchial Asthma  
 (Include pregnancy within 3 months of death)

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?

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

23. Signature O. E. Tjoflat (M. D. or other) MD  
 Address 4222 N. ... Date signed 10-13-48

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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 Apprenticé No.....  
working under my personal supervision.

Signed..... *Frank J. Ryland*  
.....  
Licensed Embalmer No..... *2675*  
.....  
P. O. Address..... *W. Leino*

**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.**