

STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1949

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **17**

503

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - MERAMEC / 11 Months		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF		d. STREET ADDRESS (If rural, give location) 4744 TERRACE AVE	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) GEORGE c. (Last) REEG		4. DATE OF DEATH (Month) (Day) (Year) March 7 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2/5/1877
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 1	IF UNDER 2 HRS. Hours 2	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PAINTER		10b. KIND OF BUSINESS OR INDUSTRY VON HOFFMAN PRESS	
11. BIRTHPLACE (State or foreign country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM REEG		13b. MOTHER'S MAIDEN NAME MINNIE KARNATZ	
14. NAME OF HUSBAND OR WIFE ANNA STAHLUTH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-05-5626	
17. INFORMANT'S SIGNATURE OR NAME Robert Koch, St. Joseph's Hill - Church		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS			
DUE TO (c) GENERALIZED ATHEROSCLEROSIS			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/22		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/17, 1948 , to 3/4, 1949 , that I last saw the deceased alive on 3/4, 1949 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Mardo M...		23b. ADDRESS 3155 N. Vandeventer St. Louis	23c. DATE SIGNED 3/7/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 10, 49	24c. NAME OF CEMETERY OR CREMATORY PARK LAMEN Cem.	24d. LOCATION (City, town, or county) (State) 1800 LEMAY RD MO.
DATE REC'D BY LOCAL REG. Mar 7 - 49	REGISTRAR'S SIGNATURE Phil J. Kirk	145	25. FUNERAL DIRECTOR'S SIGNATURE Ziegenbein Bros
		ADDRESS 6409 Gravois	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-16-49

MAR 17 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Henry M. Brummer*

Licensed Embalmer No. 4700

P. O. Address St. Louis

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.