

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37905
 Do not use this space.

1. PLACE OF DEATH **DECD DEC 12 1938**

(a) County..... Registration District No. **791**
 (b) Township..... **2** Primary Registration District No. **1003**
 (c) City..... **St. Louis Mo.** (d) Street No. **Barnes Hospital** Registered No. **10232**
 (e) Length of residence in city or town where death occurred yrs. mos. **11** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Daisy Mae Reiher**
 (a) Residence, No. **2637 Sidney** St. **NR** **Alton Ill.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Chris W. Reiher**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 23, 1896**

7. AGE YEARS **42** MONTHS **2** DAYS **0** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) **Nov 1938** 11. Total time (years) spent in this occupation **16**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Macoupin Ill.**

FATHER 13. NAME **Wm. F. Rhodes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Macoupin, Ill.**

MOTHER 15. MAIDEN NAME **Laura Ambrose**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Plainview, Ill.**

17. INFORMANT **Chris W. Reiher** (ADDRESS) **Alton, Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Carlinville, Ill.** DATE **Nov. 27, 1938**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.** (ADDRESS) **4700 Washington Blvd.**

NOV 25 1938 19 **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 23d 1938**

22. I HEREBY CERTIFY, That I attended deceased from **November 12th, 1938** to **November 23d, 1938**
 I last saw her alive on **November 23d, 1938** Death is said to have occurred on the date stated above, at **3.20 A.M.**
 The principal cause of death and related causes of importance were as follows:

Peritonitis Cat Operative (Operation for Pelvic Abscess which was sterile) Date of onset

Other contributory causes of importance: **Pelvic Abscess 1398**

Name of operation **Laparotomy** Date of **11-16-38**
 What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) **F. R. Bradley**, M. D.
 (Address) **Barnes Hospital**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Albert S. Hopper

Licensed Embalmer No.....

2971

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, above space should be left blank.