

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jefferson
City Louisville
Incorporated Town
Full Name Charles Reising

Registration District No. 550
Primary Registration District No. 2272
(No. 529 S 21st St. 17 Ward)

File No. 17323
Registered No. 2320

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX M
2 COLOR OR RACE W
3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

16 DATE OF DEATH July 26, 1915
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 28, 1861
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 4, 1915 to July 26, 1915, that I last saw him alive on July 26, 1915, and that death occurred on the date stated above at 12 a.m. The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

7 AGE 53 yrs. 11 mos. 28 ds.
IF LESS than 1 day... hrs. or... min. 7

(Duration) 1 yrs. mos. ds.
Contributory (Secondary)

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry business or establishment in which employed (or employer) Saloon Keeper

(Signed) Peter J. Ganz M. D.
July 26, 1915 (Address) 1442 S 6th St.

9 BIRTHPLACE (State or country) Indiana

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) KINDS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

10 NAME OF FATHER Edward Reising

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

11 BIRTHPLACE OF FATHER (State or country) Germany

Where was disease contracted, if not at place of death?

12 MAIDEN NAME OF MOTHER Mary E. Hellmann

19 PLACE OF BURIAL OR REMOVAL Cave Hill Cemetery DATE OF BURIAL July 28, 1915

13 BIRTHPLACE OF MOTHER (State or country) Germany

20 UNDERTAKER Thomas Keenan ADDRESS 1529 W. Market

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Reising
(Address) 529 S 21st St

Filed July 26 1915
By H. E. W. Deputy REGISTRAR