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

Do not use this space.

1. PLACE OF DEATH
96 County St Louis — Registration District No. 790 — File No. 24022
Township Central — Primary Registration District No. 6033 — Registered No.
City Creve Coeur (No. Olive & Mosley Rd St. Ward)

2. FULL NAME Wilhelmina Reuther
Residence. No. Chesterfield Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

AUG 29 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of William Reuther

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 5th 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	11	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) care of Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Salia
(STATE OR COUNTRY) Germany 10

PARENTS
10. NAME OF FATHER — Frankenstein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Dont know
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

14. INFORMANT Mary Kramer
(Address) Creve Coeur, Mo.

15. FILED Aug 27, 1932 K W Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7th 1932

17. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1932, to July 7th, 1932, that I last saw her alive on July 7th, 1932, and that death occurred, on the date stated above, at 8.40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
162 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Advanced age
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ①
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? general symptoms
(Signed) J L Dafoe, M. D.
, 19 (Address) Chesterfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Monica — DATE OF BURIAL 7/11 1932

20. UNDERTAKER Baumann Bros. — ADDRESS Overland, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

No. 2.