

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

Do not use this space.

APR 9 1935

11117

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *2314 College Ave*)

File No.....  
Registered No. **2748**  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. *2314 College Ave* St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 21* 19*35*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Justine Reuss*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 15*, 19*35* to *Mar 21*, 19*35*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Not known*

I last saw him alive on *Mar 21*, 19*35* Death is said to have occurred on the date stated above, at *4:30 p.m.*

7. AGE YEARS *71* MONTHS DAYS If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

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

*Cerebral*  
*Arteriosclerosis*  
*82*  
Other contributory causes of importance:  
*Hypertension*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria*

Date of onset *3/17/35*

13. NAME *Not known*

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria*

What test confirmed diagnosis? *Physical* Was there an autopsy? *No*

15. MAIDEN NAME *Not known*

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria*

Manner of injury.....  
Nature of injury.....

17. INFORMANT *Mrs. George Keiser* (ADDRESS) *3314 College Ave.*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *None*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *Mar. 25* 19*35*

(Signed) *Wm. E. Ewald*, M. D.  
(Address) *4956 Harvard*

19. UNDERTAKER *Math. Hermann and Son* (ADDRESS) *2161 East East Ave.*

20. FILED *MAR 25 1935* *J. Brudeck* Registrar.

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.

