

Mar. 12 1936

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

Do not use this space.

8323

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 5115 Northland).....

File No.....
Registered No. **2003**
St..... Ward.....

2. FULL NAME

Honoraria Reukert

(a) Residence, No. 5115 Northland St. 6 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

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Reukert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
Co. Mayo

13. NAME Michael Walsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary M. Evilly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Jerome Moore
5115 Northland

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE 2-26 1936

19. UNDERTAKER (ADDRESS) Sullivan Bros
2847 North Euclid Ave

20. FILED ST. LOUIS Feb 23 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 at ab. 22 1936
I last saw her alive on Feb. 21 1936 Death is said to have occurred on the date stated above, at 6:45 AM.

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

chronic pneumonia
coronary atherosclerosis

Date of onset
2-19-36

Other contributory causes of importance: 108

Name of operation..... Date of.....
What test confirmed diagnosis? autopsy Was there an autopsy? no

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) Charles Quast M. D.
(Address) 1305 A. / Ashmont Ave

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.

