

REC'D MAY 6 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15010

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson

(b) Township Rock

(c) City ~~Rock Creek~~Registration District No. 423
Primary Registration District No. 5578

Registered No. 15

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Reuter 360

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conrad Reuter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 10 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 1

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Sugar Creek
(STATE OR COUNTRY) Jefferson County

13. NAME Adam Diehl

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

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Mrs. James McHugh
(ADDRESS) Rock Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Creek DATE 4/13/38 19

19. FUNERAL DIRECTOR Kenneth W. Koch
(ADDRESS) Fenton Mo.20. FILED April 12 1938 Phil J. Kirk
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11/38

22. I HEREBY CERTIFY, That I attended deceased from Dec 1937 to April 1938

I last saw her alive on April 1938. Death is said

to have occurred on the date stated above, at _____ m.

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

General carcinoma
(Primary liver)

Date of onset

Other contributory causes of importance: Hypertension 46
Sclerosis

Name of operation Clinical Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

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? No

If so, specify _____

(Signed) O. J. Reich M.D. _____, M. D.

(Address) Fenton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

I X12004

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, Bennett W Hoch, Licensed Embalmer No. 3047

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Bennett W Hoch
Licensed Embalmer No. 3047

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.)