

REC'D JAN 11 1939

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

41458
Do not use this space.

1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... St. Louis Primary Registration District No..... Registered No..... 11150
(c) City..... or
(d) Street No..... City Hospital No. 1 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.
D. 13649 552

2. PRINT FULL NAME

Julius Reuning

(a) Residence, No. 6725 Idaho 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cem. DATE Dec. 30 1938

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED 19 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/38

22. I HEREBY CERTIFY That I attended deceased from 12/18/38 to 12/27/38
I last saw him alive on 12/27/38

Death is said to have occurred on the date stated above, at 10.05 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lung
Degeneration of heart muscle

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? no
M.D. (Signed) A. Duick City Hospital No. 1 (Address)

DEC 28 1938

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... **L.C. Hoffmeister # 3871**, Registered Apprentice No.
working under my personal supervision.

Signed..... *L.C. Hoffmeister*

Licensed Embalmer No. **2426**

P. O. Address **7814 S. Broadway**

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.)

If this body is not embalmed, above space should be left blank.