

AUG 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4421 RANDALL PLACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis Mo **9**
(If outside city or town limits write "RURAL")
(d) Street No. 4421 Randall Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 Th
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 24th, 1940 to July 5th, 1940;
that I last saw h^e alive on July 3rd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis **3 Weeks**
Duration

Due to Endocarditis (Chronic)
arterial sclerosis "

Due to _____

Other conditions (Include pregnancy within 3 months of death) **930**

Major findings: none
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury !

23. Signature Edw. M. Rogers (M. D. or other)
Address 4244 W. Florissant Date signed 7/5/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Josephine Reutter 360

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dead Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6 Th 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Washington Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Jost

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Helen Geiger

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Reutter

(b) Address 4421 N 14 Th 1940

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 Th (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) 1111 6 1940 (b) J. B. Rudolph (Date received local registrar) (Registrar's Signature)

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

732 Lemay

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.