

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30685

7962

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hospital
(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
(If outside city or town limits, write "RURAL")
 (d) Street No. 5931 Marwinette
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 23
 year 1940 hour 8.30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1940
 _____, 19____, to Sept. 23, 1940
 that I last saw him alive on Sept. 23, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Ch. myocarditis

Duration

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____

Of autopsy Carcinoma of Stomach

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

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

28. Signature R. Berg (M. D. or other)
 Address 225 3rd St. St. Louis Date signed 9/24/40

3. (a) PRINT FULL NAME Johanna Reimund

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased February 3 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Carstens

18. Birthplace Denmark
(City, town, or county) (State or foreign country)

14. Maiden name Wipke Jannsen

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

16. (a) Informant's own signature Ella Brandt

(b) Address 5931 Marwinette

17. (a) Burial (b) Date thereof 9-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher

(b) Address 3013 Meramec

19. (a) SEP 24 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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.

FILES OF 25

STATEMENT BY LICENSED EMBALMER

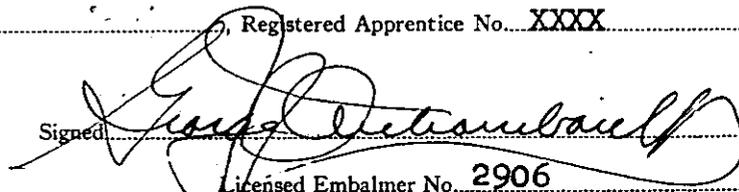
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.