

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12084

State File No. _____

APR 9 1941

Registration District No. 104

Primary Registration District No. 115

Registrar's No. 633

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City, Mo.
(c) Name of hospital or institution: 6306 Bartmer Ave.,
(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 St. Louis
(c) City or town University City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6632 Etzel Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21
year 1941 hour 4.10 minute P.M. M.

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

Immediate cause of death Natural causes

Due to: Chronic myocarditis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Chronic myocarditis

Of operations _____

Of autopsy YES

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?

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

23. Signature Louis H. Gopp (M. D. or other)
Address Kirkwood, Mo. Date signed 3/22/41

3. (a) PRINT FULLNAME Bridget Katherine Reiter

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife George Reiter 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 8, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 1 13 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name James O'Connor

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

14. Maiden name Ellen McCarthy

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

16. (a) Informant George A. Reiter

(b) Address 6632 Etzel A ve.,

17. (a) Burial (b) Date thereof Mar. 24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiament A ve.,

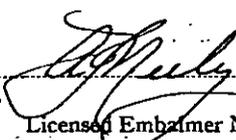
19. (a) MAP 9 2 1041 (b) Thompson
(Date received local registrar) (Registrar's signature)

Boop.

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.....


Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament Ave.

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, fact should be so stated above.