

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12576**  
Registrar's No. **3006**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1.** **D**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **20 Days**  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis** **1723**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1818 Kennet Pl.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Lizzie Reitermann**

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..... **Single**

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

7. Birth date of deceased **Jan. 1, 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61** **4** **3** hr. min.

9. Birthplace **Belleville Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Phillip Reitermann**

13. Birthplace **Belleville Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Baer**

15. Birthplace **Herman Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Reitermann**

(b) Address **1818 Kennet Pl.**

17. (a) **Burial** (b) Date thereof **April 7-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **M. C. Maydell**

(b) Address **1926 Allen Ave.**

19. (a) **APR - 5 1941** (b) **J. J. Bredrek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**  
year **1941** hour **7:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 15, 1941** to **April 4, 1941**;  
that I last saw her ~~or~~ alive on **April 4, 1941**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **1 day**  
Due to **Essential Hypertension** **20 yrs.**  
Due to **Generalized Arteriosclerosis** **10 yrs.**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... **none**  
PHYSICIAN **J. J. Bredrek**  
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?

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

23. Signature **Roger W. Powell** (M. D.)  
Address **1515 Fayette Ave.** Date signed **4-4-41**

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

10  
17  
9

**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

*Benj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

**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.**