

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:
2820 N. 9th St. /
(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)

3. (a) PRINT FULL NAME Ernst Reitermann

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

4. Sex Male 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 About 1877
(Month) (Day) (Year)

8. AGE: Year About 64 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Phillip Reitermann
13. Birthplace Belleville, Illinois /
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Boer
15. Birthplace Hermann, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Reitermann

(b) Address 4932 Gresham

17. (a) Burial (b) Date thereof Oct. 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director J. M. J. Maxwell

(b) Address 1926 Allen Ave.

19. (a) OCT 15 1941 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 Rutger Str.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from August 17th 1941 to Oct. 10th 1941
that I last saw him alive on Oct 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 MIN
Due to Arterial Sclerosis 1 YR.

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

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN [Signature]
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 [Signature] (M. D. or other) M.D.
Address 5103 Arsenal Date signed 10/13/41

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

0
7
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.....

1826 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.