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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 7-94

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33407

Registrar's No. 8362

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4911 McPherson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME: George Reiter
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Lena Reibeling Reiter
6. (c) Age of husband or wife if alive: not alive
7. Birth date of deceased: March (Month) 21 (Day) 1867 (Year)

8. AGE: Years 74 Months 6 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace: Waterloo (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: common laborer
11. Industry or business: on farms, home gardens
FATHER 12. Name: unknown
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Aloys Reiter
(b) Address: St Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Immaculate Conception Cem. Columbia, Ill.
18. (a) Signature of funeral director: Josephine Rita Schmidt
(b) Address: Columbia, Illinois
19. (a) Oct. 21 1941 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1941 hour — minute 9 P. M.
21. I hereby certify that I attended the deceased from Oct 14, 1941, to Oct 19, 1941, that I last saw him alive on Oct 17, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Bronchial — Duration 2 days
Due to: 137a
Due to:
Other conditions: Uremia
(Include pregnancy within 3 months of death)
Major findings: Of operations: Enlarged Prostate
Of autopsy: None

PHYSICIAN — 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: C
23. Signature: Otto D. Wiebelum (M. D.)
Address: 2 Olive Clay Date signed: 10/17/41

(Licensed Embalmer's Statement on Reverse Side)

8362

8362

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldus

Licensed Embalmer No. 2420

P. O. Address St. Louis Ll

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.