

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39542

State File No. _____

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2360

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7652 Lindberg Drive
(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 Missouri (b) County St. Louis 096
(c) City or town Richmond Heights 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 7652 Lindberg Drive
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1941 hour 10 minute 46 P. M.

21. I hereby certify that I attended the deceased from June
29, 1940 to July 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Heart Block 18 mo
Duration _____

Due to _____
Due to _____ 95

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

Major findings:
Of operations _____
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)
(c) Means of injury _____ 0

23. Signature S. B. Helwig (M. D. or other) _____
Address 1131 1/2 M. R. Cananda Date signed 11/23/41

3. (a) PRINT FULL NAME William A. Reeder

3. (b) If veteran, No. _____ 3. (c) Social Security No. 268-01-8481

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Norma Friedrich Reeder 6. (c) Age of husband or wife it alive 48 years

7. Birth date of deceased. 7 - 23 - 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Dayton Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant General Freight Agent

11. Industry or business Mississippi Barge Line

12. Name Samuel Reeder

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

14. Maiden name Unknown

15. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Reeder

(b) Address 7652 Lindberg Drive

17. (a) Removal (b) Date thereof 11-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio.

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane

19. (a) 11-23-41 (b) C. H. Mc...
(Date received local registrar) (Registrar's signature)

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

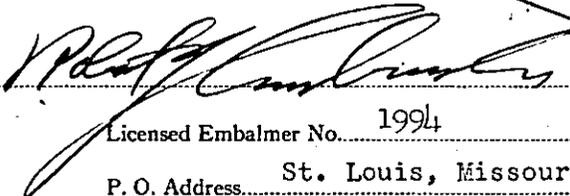
MOTHER FATHER

1108

DEC 5 1991

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. 1994
P. O. Address. St. Louis, Missouri

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.