S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 10

State File No. 12993

Registrar's No. 3450

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5333 Virginia 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Baby Boy Reuter

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male 0

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 April 13, 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
-	-	3	hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Clarence Reuter
13. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Loretta Birkenmeier
15. Birthplace 0 Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Reuter
(b) Address 5333 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) APR 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 13, 1942 to Apr 15 1942
that I last saw him alive on Apr 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure due to congenital stenosis of aortic valve
Due to Congenital deformity
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

Duration

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

23. Signature Matthew W. Weis M.D. (M. D. or other)
Address 634 No Grand Date signed Apr 16/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. Weis
634 N. Grand
La 5885
Fr 2020

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.

Not Embalmed

Signed Mr. Theo Beidenwieder (Lee)

Licensed Embalmer No. .....

P. O. Address .....

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.