

S. No. 2
 1-14-41
 5-17-39
 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

19933

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

5931

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:
Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or ~~institution~~ 5 wks. (Specify whether
 In this community 50 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 3848a Ashland Ave. (If rural, give location)
 (e) Citizen of foreign country? YES (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Caroline Reusch

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Albert Reusch 6. (c) Age of husband or wife if alive DECEASED years
 7. Birth date of deceased October 9 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 2 hr. min.

9. Birthplace Weastfallen Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Beauty Operator
 11. Industry or business Beauty Parlor

MOTHER FATHER { 12. Name Caspar Hohengarten
 13. Birthplace Unk. Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Caroline Johannsmeyer
 15. Birthplace Unk. Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Warner
 (b) Address 3848 Ashland

17. (a) EriBurialCam. (b) Date thereof 7/14/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director W. J. ...
 (b) Address 3934 ...

19. JUL 13 1942 (b) J. T. ...
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 13 1942 to July 11 1942
 that I last saw her alive on July 11 1942
 and that death occurred on the day and hour stated above.

Immediate cause of death:
Cerebrum of ultra segmental flexure of infarction
 Due to metastasis from carcinoma of uterine cervix with extension into brain
 Due to Leuk.

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

Major findings: Cerebrum of ultra segmental flexure of infarction
 Of operations 9 Segmental flexure of infarction
 Of autopsy None

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?

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

23. Signature Bennie A. M... W. J. ... (M. D. or other) W. J. ...
 Address 4032 W. ... Date signed 7/12/42

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

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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..... *Alfred J. Boedeker*
Licensed Embalmer No. *2663*
P. O. Address *5934 Alpha*

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.