

S. No. 2
M-5-42
7-5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED FEB 16 1943 318

Registration District No.

Primary Registration District 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:
Park Lane Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

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. 2710a N. Market St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Fred C. Reimers.
 3. (b) If veteran, name war. No.
 3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. February day. 2
 year. 1943 hour. 2:30 P.M. minute..... M.
 21. I hereby certify that I attended the deceased from Feb
1942 to Feb 2 1943
 that I last saw him alive on Feb 2 19.....
 and that death occurred on the date and hour stated above.

4. Sex. Male 5. Color or race. White
 6. (a) Single, widowed, married, divorced. Widowed
 6. (b) Name of husband or wife. Late Catherine Reimers
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased. About 1866
 (Month) (Day) (Year)

Immediate cause of death. Bronchial pneumonia Duration 6 days

8. AGE: Years Months Days If less than one day
About 77 hr. min.

Due to chronic bronchitis
 Due to frailty

9. Birthplace. St. Louis, Missouri. (City, town, or county) (State or foreign country)
 10. Usual occupation. Retired Plumber
 11. Industry or business.....

Other conditions. Arterio Sclerosis
Arterio Sclerosis of left hip. Pellosa
 Major findings: Of operations.....
 Of autopsy Arterio Sclerosis of left hip. Arterio Sclerosis of aorta. Blood in gold. Blood in stomach.

MOTHER FATHER
 12. Name. Unknown.
 13. Birthplace. Unknown. (City, town, or county) (State or foreign country)
 14. Maiden name. Unknown.
 15. Birthplace. Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant. Charles Varner.
 (b) Address. 2708 N. Market St.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 2-5-43. (Month) (Day) (Year)
 (c) Place: burial or cremation. Zions Cem.
 18. (a) Signature of funeral director. Hy. Leidner Und. Co.
 (b) Address. 2223 St. Louis Ave.
 19. (a) FEB 4 1943 (Date received local registrar) (b) J. F. Budeak (Registrar's signature)

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. Raymond O. [unclear] (M. D. or other)
 Address. 2716 1/2 Grand Date signed. 7/9/43

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

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 Homer L. Ponder

Licensed Embalmer No. 2367

P. O. Address 2223 St. Louis ave

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.