

FILED APR 19 1943
 Registration District No. **318**

Primary Registration District No. **1003**

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

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:
4049 WASHINGTON BLVD.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County _____
 (c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4049 WASHINGTON BLVD.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ALBERT J. REUTER**

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 **WIDOWER**

6. (b) Name of husband or wife **MARY REUTER** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MARCH 15, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	20	_____ hr. _____ min.

9. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **PAINTER**

11. Industry or business _____

MOTHER FATHER
 12. Name **JOHN REUTER**
 13. Birthplace **DONT KNOW** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **DONT KNOW**
 15. Birthplace **DONT KNOW** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **MISS. LORETTA REUTER**

(b) Address **4049 WASHINGTON BLVD.**

17. (a) **BURIAL** (b) Date thereof **4-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindbergh Blvd**

19. (a) **APR 7 1943** (Date received local registrar) **J. F. Busch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **5**, year **1943** hour **10** minute **40** A. M.

21. I hereby certify that I attended the deceased from **April 20th**, 19**42**, to **April 5**, 19**43**.

that I last saw him alive on **April 3rd**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **2 years**

Due to _____
 Due to _____
 Other conditions **Smelly**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 **North J. Everell** (M. D. or other) **M.D.**
 Address **4129 Washington Blvd** Date signed **7-6-43**

*Mr. Evernoff
4129 Washington Ave
3-5-54*

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Lindell*

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.