

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 25 Years (Specify whether
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") 12
(d) Street No. 4333 John Ave. (If rural, give location) 99
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Josephine Jeanette Reuss

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Philip A. Reuss 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 30 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 5 hr. min.

9. Birthplace Pittsburg Penna.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business

12. Name John Raab Germany 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Sophia Lenkner
15. Birthplace Penna. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyde Slaten

(b) Address 4333 John Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11 8/43
(Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) NOV 5 1943 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5,
year 1943 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from November
2, 1943 to November 5, 1943
that I last saw her alive on November 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration

Due to Hypertension & Ht. Disease

Due to [Signature]

Other conditions Cerebrovascular Accident
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Refused

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

23. Signature Geo. W. Salmon (M. D. or other) M.D.
Address 1515 Lafayette Avenue Date signed 11/5/43

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

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.