

S. No. 2  
M-2.43  
5-17-39  
I X35937

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3682E  
10551

FILED DEC 13 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's 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:  
St. Louis Altenheim 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 Yrs.  
(Specify whether years, months or days)

In this community.....  
years, months or days

3. (a) PRINT FULL NAME..... Henry Reuter

3. (b) If veteran, name war..... No

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

4. Sex..... Male

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..... Oct. 21 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 1 9 hr. min.

9. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Nil

11. Industry or business.....

MOTHER FATHER { 12. Name..... George Reuter

{ 13. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Eliz. Hoffman

{ 15. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... John Hoerr

(b) Address..... 5408 S. Broadway

17. (a) Burial (b) Date thereof..... 12-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus

18. (a) Signature of funeral director..... Jos. P. Fendborg

(b) Address..... 7128 Michigan Ave.

19. (a) DEC 1 1943 (b) J. F. Briseck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 008 17 15

(a) State..... Mo. (b) County.....

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No..... 5408 S Broadway  
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 30  
year..... 1943 hour..... 4 minute..... 05 A.M.

21. I hereby certify that I attended the deceased from..... Nov 10  
..... 19 43 to..... Nov 30 19 43  
that I last saw h..... alive on..... Nov 30 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral hemorrhage

Due to..... arteriosclerosis

Due to..... gout

Other conditions..... gout  
(Include pregnancy within 3 months of death)

Duration  
20 days  
?  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature..... Max Starckhoff (M. D. or other) MD  
Address..... 512 Oak St Date signed..... 12/1/43

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.....

*Clarence Rochow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Clarence Rochow*

Licensed Embalmer No. *3093*

P.O. Address *17128 Michigan*

**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.**