

S. No. 2  
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5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39199  
Dr. Roy Chappin  
State File No. \_\_\_\_\_  
Registrar's No. 2714

FILED DEC 11 1943  
Registration District No. 377

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County ST. Louis

(b) City or town MAPLEWOOD  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7246 Moller  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether  
In this community -- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")

(d) Street No. 7246 Moller  
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH REUTER

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 Married

6. (b) Name of husband or wife Harry E. Reuter 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 2 1884  
(Month) (Day) (Year)

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

59 1 3 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name Charles Armbruster

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

14. Maiden name Wilhelmina Hoppe

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

16. (a) Informant Harry E. Reuter

(b) Address 7246 Moller

17. (a) Burial (b) Date thereof Dec. 8, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 6468 Chippewa, St. Louis, Mo.

19. (a) DEC - 9 1943 (b) E. G. McRaman, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th  
year 1943 hour 6:50 minute P.M.

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

Immediate cause of death General carcinoma  
Originating in uterus.

Due to 1943

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Major findings: Of operations SPB

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Roy Chappin (M. D. or other) \_\_\_\_\_  
Address 7701 Roway Date signed 12/4/43

As Druggist  
will over break in  
1/2 hour

**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 Louis C. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 7814 S Broadway

**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.