

S. No. 2  
OM-5-43  
rv. 5-17-39  
I X38677

9387

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 27 1944

318

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

2701  
000  
12  
924

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **Saint Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3708 Texas Ave.**  
(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.....  
 (c) City or town..... **Saint Louis.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **3708 Texas Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Jacob Reither**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No..... **None.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13th**,  
 year **1944.** hour **4** minute **0 A.** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married.**  
 6. (b) Name of husband or wife..... **Christine Reither**  
 6. (c) Age of husband or wife if alive **73** years  
 7. Birth date of deceased..... **May 12th, 1859.**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
**April 23**, 19**44** to **Mar 18**, 19**44**  
 that I last saw **him** alive on **Mar 18**, 19**44**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<b>84</b>		<b>10</b>	<b>6</b>	hr. min

Immediate cause of death  
**Chronic Myocarditis**  
 Due to **Hypertrophic Prostatitis**

9. Birthplace..... **Unknown** **Germany** **4**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... **Stable Boss**

Due to **Arteriosclerosis**  
 Other conditions **Hypertension**  
(Include pregnancy within 3 months of death)

11. Industry or business..... **Pevely Dairy Co.**  
 12. Name..... **? Reither**

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

13. Birthplace..... **Unknown** **Germany** **4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **Germany** **4**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant..... **Christina Reither**  
 (b) Address..... **3708 Texas Ave.**

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?

17. (a) **Burial** (b) Date thereof **March 21st, 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Sunset Burial Park.**

18. (a) Signature of funeral director..... **Ziegenhain Bros.**  
**6409 Gravois Ave.**  
 (b) Address.....

While at work?.....  
(Specify type of place)  
 (c) Means of injury.....  
 23. Signature..... **Co. E. Maeller** (M. D. or other)  
 Address..... **3537 S. Jefferson** Date signed..... **3/21-44**

19. (a) **MAR 21 1944** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

844

**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.....

*John Ayonochi*

Licensed Embalmer No. 3398

P. O. Address.....

**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.**