

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16682

FILED JUN 9 1944 318  
Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 4900

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Alexian Bro. 3933 S. Broadway  
(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) 13 Hrs.

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3152 Texas  
(If rural, give location)

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

3. (a) PRINT FULL NAME Wm J. Reuter

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

3. (c) Social Security 488-18-1690

4. Sex Male White race

5. Color White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Geers Reuter alive 71 years

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased May 18 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>-</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Foreman Sheet Metal Worker

11. Industry or business St. Louis Screw Co.

12. Name Jacob Reuter

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

14. Maiden name Cathrine Geers

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

16. (a) Informant Mrs. Elizabeth Reuter

(b) Address 3152 Texas

17. (a) Burial (b) Date thereof 5-29-44  
(Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director J. F. Bredack  
(City, town, or county) (State or foreign country)

(b) Address 3819 S. Grand Blvd.

19. (a) MAY 28 1944 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1944 hour 6:30 A. minute M.

21. I hereby certify that I attended the deceased from Sept 10 1944 to May 25 1944  
that I last saw him alive on May 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention Duration 1 day

Due to Cardiomegaly Hypertrophic

Due to Nephritis Glomerular 1942

Other conditions atelectasis Both Lungs

Major findings: Of operations None

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 5

23. Signature J. F. Bredack (M. D. or other) MD  
Address 2767 Morris Date signed 5-27-44

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.....

*John Gonoski*

..... 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.**