

S. No. 2  
M-2-43  
5-17-39  
X25697

#58155  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18819  
State File No. \_\_\_\_\_  
Registrar's No. 4962

FILED JUN 6 1946  
318

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 days  
(Specify whether  
In this community 30 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5906a Clemens  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDMUND REUTER  
3. (b) If veteran, World War name war NO #1  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 29th  
year 1946 hour 10:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 5/23/46  
\_\_\_\_\_, 19\_\_\_\_, to 5/29/46, 19\_\_\_\_;  
that I last saw h. im alive on 5/29/46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

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

Immediate cause of death  
Coronary Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

7. Birth date of deceased: May (Month) 20 (Day) 1894 (Year)  
8. AGE: Years 52 Months 0 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)  
10. Usual occupation Guard

11. Industry or business City Workhouse  
12. Name H. J. Reuter  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Henrietta L. Helen  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Marie Max Tyler  
(b) Address 5906a Clemens  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-46  
(Month) (Day) (Year)

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)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. J. Bredek (Registrar's signature) Address 1515 Lafayette Date signed 5/30/46

(c) Place: burial or cremation Valhalla Cemetery  
18. (a) Signature of funeral director Alexander & Sons  
(b) Address 6175 Delmar  
19. (a) MAY 31 1946 (Date received local registrar) (b) \_\_\_\_\_

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

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**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 *Joseph E. Maculloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address. *6175 Palmetto*.....

**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.**