

No. 2
M-5-43
v. 5-17-39
I X36871

State File No. **22113**
Registrar's No. **5615**

FILED JUL 3 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
1311 Ohio 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)

3. (a) PRINT FULL NAME **Hugo Reh**

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

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

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Gertrude Reh**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **October 17 1864**
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	8	6	hr. min.

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

10. Usual occupation **Nil**

11. Industry or business

MOTHER {
FATHER {
12. Name **Dietrich Reh**
13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Gertrude Reh**
 (b) Address **1311 Ohio ave.**

17. (a) Cremation (b) Date thereof **June 27 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**
C. Hoffmeister U. & L. Co.

18. (a) Signature of funeral director
7814 S. Broadway
JUN 26 1946

19. (a) (b) **J. J. Bredek**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL") **22 17**
 (d) Street No. **1311 Ohio ave.**
 (If rural, give location) **9**
 (e) Citizen of foreign country? **no** (Yes or No) **9**
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
 year **1946** hour **9** minute **45 p.** M.

21. I hereby certify that I attended the deceased from
June 4 19**46** to **June 24** 19**46**
 that I last saw him alive on **June 24** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **2 years**

Due to **Arterio Sclerosis** **3 years**

Other conditions (Include pregnancy within 6 months of death)

Major findings:
 Of operations
 Of autopsy

PHYSICIAN
 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?
 While at work? (Specify type of place)
 (c) Means of injury

23. Signature **Julius Chas. Ratter** (M. D. or other) **M.D.**
 Address **2603 Chesapeake St** Date signed **6/26/46**

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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 *Harry J. Schenck*

Licensed Embalmer No. *2679*

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.