

No. 2
 M-5-43
 v. 5-17-39
 P I X3667

State File No. _____
 Registrar's No. **6503**

FILED AUG 5 1946
 318

Registration District No. _____ 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:
3638 Hebert St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **65 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Adolph G. Reuter**
 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 **Emma Reuter**
 6. (c) Age of husband or wife if alive **81** years
 7. Birth date of deceased **September 24, 1857.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	9	27	hr. _____ min.

9. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired - Carpenter**
 11. Industry or business _____
 12. Name **Carl Reuter**
 13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Henrietta Niehaus**
 15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Reuter**
 (b) Address **3638 Hebert St.**
 17. (a) **Burial** (b) Date thereof **July 25, 1946.**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sunset Burial Park**
 18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**
 (b) Address **4826 Natural Bridge Blvd.**
JUL 24 1946
 19. (a) **J. P. Brueck** (b) **J. P. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **17**
 (c) City or town **St. Louis** **107**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3638 Hebert St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **21st**
 year **1946** hour **4:30** minute _____ P. M.
 21. I hereby certify that I attended the deceased from **October 14, 1942** to **July 21st**, 1946
 that I last saw him alive on **July 21st**, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular disease**
 Due to **mitral insufficiency** **14 years**
 Due to _____
 Other conditions **Edema**
(Include pregnancy within 3 months of death)
 Major findings: **92**
 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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature **D. F. O. Sturhaln M. D.** (M. D. or other) _____
 Address **330 W. Lockwood, Webster Groves** Date signed **July 23, 46**

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 *Alvin J. Peck*.....
Licensed Embalmer No. *5947*.....
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.