No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25976

FILED JUL 21 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6645

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: 4145 Lafayette
(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 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4145 Lafayette
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Reiter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Herman Reiter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 29, 1866 (Month) (Day) (Year)
8. AGE: Years 80 Months 6 Days ~~15~~ 14 If less than one day hr. min.
9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name Louis Verhofski
13. Birthplace (City, town, or county) Russia (State or foreign country)
14. Maiden name Sarah Brown
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Mrs. Rose Zlatkind
(b) Address 4145 Lafayette
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Herman Rudolph Lee
(b) Address 5216 Delmar Blvd.
19. (a) JUL 15 1947 (Date received local registrar) (b) J. F. Brecek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13 year 1947 hour 7 minute 21 A.M.
21. I hereby certify that I attended the deceased from Mar. 9, 1947 to July 13, 1947 that I last saw him alive on July 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforated Peptic Ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature Jeanne Simon (M. D. or other) M.D.
Address 508 N. Grand Date signed 7-14-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ketter

Licensed Embalmer No. 3880

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.