

FILED JUL 21 1947

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 5602

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:
4025 Meramac
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Louise Reuter

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Phillip Reuter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 28 hr. _____ min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)
Harry E Reuter

16. (a) Informant _____
(b) Address 7246 Moller, Saint Louis, Missouri

17. (a) Burial (b) Date thereof July 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Hope Cemetery
C. HOFFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa, St. Louis, Missouri

19. (a) J. F. Brudeck
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4025 Meramac Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 4
1947, to July 12, 1947
that I last saw her alive on July 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon Duration 1 yr.

Due to H/O

Other conditions Asteroidiasis Chronic
(Include pregnancy within 3 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) (g) Means of injury 0
23. Signature J. F. Brudeck (M. D. or other) _____
Address 7107 Perry Date signed 7/12/47

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 Harry J. Schenker

Licensed Embalmer No. 2679

P. O. Address 7814 P. 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, above space should be left blank.