No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY # 10282
National Office of Vital Statistics

FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28167

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 7099

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 Memorial (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooe

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 11 South 16th St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Max Reymershoffer

3. (b) If veteran, name war no

3. (c) Social Security No. 492-10-6858

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 24 (Day) 1881 (Year)

8. AGE: Years 67 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Galveston (City, town, or county) Texas (State or foreign country)

10. Usual occupation unemployed

11. Industry or business formerly F.R. Harris R.E. Co

MOTHER FATHER

12. Name John Reymershoffer

13. Birthplace Austria (City, town, or county) (State or foreign country)

14. Maiden name Beda Claussen

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Dennis J. Fitzgerald

(b) Address 11 S. 16th St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug- 13- 48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director A. Kron & Co.

(b) Address 2707 N. Grand Blv'd

19. (a) AUG 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-28-48, 19..., to 8-9-48, 19...; that I last saw him alive on 8-9-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): B.P.H.	

Major findings: Of operations T.U.R. Transurethral Resection

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? (e) Means of injury

23. Signature W W Carter (M. D. or other) M.D.

Address 1515 Lafayette Avenue Date signed 8-9-48

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.