S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41773

State File No.

FILED DEC 23 1948

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 10704

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: 6133 Hoffman (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 6133 Hoffman (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THERESA REUTER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Peter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 26 (Day) 1870 (Year)

8. AGE: Years 78 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Czec Joseph (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name Joseph Inman
13. Birthplace Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Jean Dannenbrink
(b) Address 6133 Hoffman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa
19. (a) DEC 10 1948 (Date received local registrar) (b) J B Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 7 1948 to Dec 8 1948 that I last saw he alive on Dec 8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Asthma	24 hrs.
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? (e) Means of injury

23. Signature Bert W. Klein (M. D. or other) MD
Address 2631 S. Kingshighway Date signed 12-8-48

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

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 Lisa C. Hoffmeister

Licensed Embalmer No. 3871

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.