

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14913**
3725

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis.		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 5409a Finkman			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5409a Finkmen				4. DATE OF DEATH (Month) (Day) (Year) April 22 1950					
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle) _____		c. (Last) Reuter		4. DATE OF DEATH (Month) (Day) (Year) April 22 1950			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 12 '78			
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) St Louis Missouri			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Mieger			13b. MOTHER'S MAIDEN NAME Scheible			14. NAME OF HUSBAND OR WIFE Henry L Reuter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Reuter 5409 Finkman					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tricuspid Regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysms & Hypertension DUE TO (c) Arteritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---- Albuminuria				INTERVAL BETWEEN ONSET AND DEATH 20 yrs 10 yrs 10 yrs 5 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 412X					
22. I hereby certify that I attended the deceased from Oct 146 , 19____ to Apr 22 , 19 50 , that I last saw the deceased alive on Apr 21 , 19 50 , and that death occurred at 9.30 p. , from the causes and on the date stated above.									
23a. SIGNATURE O.D. Meyer				23b. ADDRESS 6029 S. Kingshighway Bl		23c. DATE SIGNED Apr 24, 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/26/50		24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cem		24d. LOCATION (City, town, or county) (State) St Louis County Mo			
DATE REC'D BY LOCAL REG. APR 29 1950		REGISTRAR'S SIGNATURE J.P. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois					

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

[Handwritten signature]

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *W. G. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.