

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

25165
State File No.
Registrar's No. 5989

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>5989</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. LENGTH OF STAY (In this place) <u>6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5. 4376</u>		d. STREET ADDRESS (If rural, give location) <u>7842 Gannon Ave., 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital..</u>				3. NAME OF DECEASED a. (First) <u>ARTHUR</u> b. (Middle) <u>JOHN</u> c. (Last) <u>REIMERS.</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1951.</u>		5. SEX <u>Male.</u> 6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Nov. 13, 1894</u>	
9. AGE (In years last birthday) <u>56.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist..</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed.</u>		11. BIRTHPLACE (State or foreign country) <u>Sheraton County, Missouri. U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Claus Reimers.</u>		13b. MOTHER'S MAIDEN NAME <u>Carolina Reimers.</u>		14. NAME OF HUSBAND OR WIFE <u>Ceridwen M. Reimers.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes. W.W.I.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. Jack Reimers, 7842 Gannon Avenue.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Rectum</u> INTERVAL BETWEEN ONSET AND DEATH <u>+ 2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Rectum.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>15FX</u>					
22. I hereby certify that I attended the deceased from <u>10/13/49</u> , 19 <u>49</u> , to <u>7/7/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/7/51</u> , 19 <u>51</u> , and that death occurred at <u>10:12 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. O. Foster</u> (Degree or title)				23b. ADDRESS <u>4952 Maryland - 8 -</u>		23c. DATE SIGNED <u>7/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial..</u>		24b. DATE <u>7/7/51.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Granite City, Illinois.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. O. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Blv'd.,</u>					

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FO: 8844.
Hrs: - 1 - 3:00 P.M.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4057*

P. O. Address *St Louis, Mo*

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.