

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39616
8694
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Bapt Hosp				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 426X d. STREET ADDRESS (If rural, give location) 9210 Palmer 1			
3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Reuss c. (Last) Reuss			4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1951		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 26, 1863		9. AGE (In years last birthday) 87 # UNDER 1 YEAR 9 # UNDER 1 MONTH 4 # UNDER 1 HOUR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fritz		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE August Reuss			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Miller 9411 Lackland			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the manner of death, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Ribs 4 - Rt side - DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertention Enlargement of heart -				INTERVAL BETWEEN ONSET AND DEATH 3 days 6 days years - years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 140					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Yes -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Overland St. Louis Co. Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 29 - 51 - 11A -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in home - 69030			
22. I hereby certify that I attended the deceased from Sept. 27 - , 1951, to Sept. 30 , 1951, that I last saw the deceased alive on Sept. 30 , 1951, and that death occurred at 1:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roy A. Haliker Sr. M.D.				23b. ADDRESS 2438 Woodson Rd. Overland 14 MO.		23c. DATE SIGNED 9-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/3/1951		24c. NAME OF CEMETERY OR CREMATORY Saints Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 10/28		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ortmann Funeral Home 9222 Lackland			

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

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.....

Al C. Osterman

Signed.....

Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.