

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12216**
Registrar's No. **2433**

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2832a Missouri** e. STREET ADDRESS (If rural, give location) **2832a Missouri**

3. NAME OF DECEASED (Type or Print) a. (First) **Clarence** b. (Middle) **H.** c. (Last) **Reum** 4. DATE OF DEATH (Month) (Day) (Year) **3/2/53**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 29, 1893** 9. AGE (In years last birthday) **59** If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Western Proofing Company** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Sorento, Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Charles Reum** 13b. MOTHER'S MAIDEN NAME ~~Ida A. Reum~~ **Augusta Lohman** 14. NAME OF HUSBAND OR WIFE **Ida A.**

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. **492-01-6985** 17. INFORMANT'S SIGNATURE OR NAME **Ida A. Reum** ADDRESS **2832a Missouri**

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary atherosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
chronic cardiac, vascular disease
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
III. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **10 years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **3-1-53**, 19**53**, to **3-2**, 19**53**, that I last saw the deceased alive on **3-2**, 19**53**, and that death occurred at **2:00a** m., from the causes and on the date stated above.

23a. SIGNATURE **Bruce S. Coulter MD** (Degree or title) 23b. ADDRESS **75 1/2 Locust, Jersey MO** 23c. DATE SIGNED **3-3-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3/5/53** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REG. **MAR 4 1953** REGISTRAR'S SIGNATURE **J. Carl Smith MD** FUNERAL DIRECTOR'S SIGNATURE **Wacker-Welder** ADDRESS **3634 Gravois**

(Licensed Embalmer's Statement on Reverse Side)

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

Can't find

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 2675
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 12216
Local Registrar's No. 2433

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

for Clarence H. Reum, who, upon..... oath, states that the original record of birth
died 3-2-53, 19....., in the State of
born.....

Missouri, and which was filed at..... on..... 19....., should be corrected as follows:

Item No. 136 should read Augusta Rohman

Instead of.....
unknown

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ida Reum Inf
Relationship.

2832nd Missouri
Present Address.

Subscribed and sworn to before me this 16 day of March, 1945
3-4-57

My Commission expires.....
Everett Padgett Notary Public.

