

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19808

FILED JUN. 4 1953

State File No.

318

1003

Registrar's No. 5128

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No. 5128				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis				a. STATE Missouri		b. COUNTY						
c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis								
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis City Hospital				d. STREET ADDRESS (If rural, give location) 1027 Russell Av								
3. NAME OF DECEASED (Type or Print) John			a. (First)		b. (Middle)		c. (Last) Reutter		4. DATE OF DEATH (Month) (Day) (Year) May 20 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 9 1872		9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor				10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Bertha (Deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Ropic 1027 Russell Av						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture of right hip</i>								
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis when he fell in his home April 20, 1953</i> 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 <i>no Accident</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bridge, etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo.</i>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Apr 20 53</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E9040</i>								
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1245</i> p.m., from the causes and on the date stated above. <i>21</i>												
23a. SIGNATURE (Degree or title) <i>Patrol Taylor</i>				23b. ADDRESS <i>1300 Clark</i>				23c. DATE SIGNED <i>5 22 53</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>5/25/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Odd Fellows Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>DeQuoin Illinois</i>						
DATE REC'D BY LOCAL <i>MAY 22 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Moydell Funeral Home 1926 Allen</i>						

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.