

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19809**  
**5228**  
Registrar's No. ....

FILED JUN 10 1953  
BIRTH NO. ....

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>40-yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1328 Tann Ave.</b>		STREET ADDRESS (If rural, give location) <b>1328 Tann Ave.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Mary</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Reutter</b>	(Month) <b>May</b>	(Day) <b>24</b>	(Year) <b>1953</b>

5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>Dec. 23, 1873</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 YEAR Days <b>1</b>	IF UNDER 2 HRS. Hours <b></b>	IF UNDER 2 HRS. Min. <b></b>
------------------	----------------------------	------------------------------------------------------------------	---------------------------------------	-------------------------------------------	---------------------------------	-------------------------------	-------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
---------------------------------------------------------------------------------------------------------------	--	-----------------------------------	--	----------------------------------------------------------------------	--	---------------------------------------------	--

13a. FATHER'S NAME <b>Unk. Haag</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Jacob Reutter</b>	
----------------------------------------	--	---------------------------------------------	--	-----------------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Carolyn Burton, R.R. 2, Valley Park, Mo.</b>			
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------------------------------------------------------	--	--	--

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) <b>Generalized Carcinomatosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>C of rt breast</b>			<b>2 yrs</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		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>170X</b>
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------	-------------------------------------------

22. I hereby certify that I attended the deceased from **Jan 15, 1951**, to **May 24, 1953**, that I last saw the deceased alive on **5-24, 1953**, and that death occurred at **10:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>E. H. Bowden M.D.</b>		23b. ADDRESS <b>634 N Grand</b>	23c. DATE SIGNED <b>5-25-53</b>
--------------------------------------------	--	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 26, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
------------------------------------------------------------	----------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>MAY 25 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. Donnelly</b>	ADDRESS <b>3840 Lindell Blvd.</b>
------------------------------------------------	-----------------------------------------------	----------------------------------------------------	--------------------------------------

---

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 *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *St. Louis*.....

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.