

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37847

State File No.

FILED NOV 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>2678</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) 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>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		c. CITY OR TOWN <u>Webster Groves</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kenrich Seminary</u>				e. STREET ADDRESS (If rural, give location) <u>Kenrich Seminary 7007th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>J</u>		c. (Last) <u>Rueter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov 1, 1896</u>	
9. AGE (In years, Month, Day) <u>56 11 16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur for Kenrich Seminary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kenrich Seminary</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry J Rueter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schneider</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type or dates of service) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>490-12-7193</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Conrad Rueter 1518 Prather</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colonial Thrombosis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>Oct 17, 1953</u> , to <u>Oct 17, 1953</u> , that I last saw the deceased alive on <u>Oct 17, 1953</u> , and that death occurred at <u>6:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John G. Matthew M.D.</u> (Degree or title)				23b. ADDRESS <u>3707 Watson</u>		23c. DATE SIGNED <u>10.17.53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>19 Oct 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/17/53</u>		REGISTRAR'S SIGNATURE <u>Walter B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John L Ziegenhein 7027 Gravois</u>			

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 DONALD BINZ....., Student Embalmer No..... working under my personal supervision..

Student Donald E Binz.....
Signature of Student Embalmer

Signed C P Kidwell.....

Licensed Embalmer No. 387.....

P. O. Address 7027.....

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.