

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22435

FILED JUN 21 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1428</u>		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>		c. LENGTH OF STAY (In this place) <u>60yrs</u>		c. CITY OR TOWN <u>Creve Coeur</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olive St Rd</u>				e. STREET ADDRESS (If rural, give location) <u>Olive St Rd</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) <u>Reuther</u>			c. (Last) _____		
4. DATE OF DEATH <u>June 10 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>Sept 25 1876</u>		9. AGE (In years last birthday) <u>79</u>		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) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Wilhelm Reuther</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Frankenstein</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Reuther</u> ADDRESS <u>Creve Coeur Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		<u>Coronary Occlusion.</u>					<u>less than 6 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		II. OTHER SIGNIFICANT CONDITIONS					<u>3-4 yrs.</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis generalized</u>							<u>3-10 yrs?</u>	
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) <u>4200</u> (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>May 25, 1954</u> , to <u>June 10, 1956</u> , that I last saw the deceased alive on <u>June 1, 1956</u> , and that death occurred at <u>5:00 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert S. Doyle</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Creve Coeur, Mo</u>			23c. DATE SIGNED <u>6/11/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/13/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Monicas</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Coeur Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-11-56</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Dombard</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Dortmann F Home</u> ADDRESS <u>9222 Lackland Overland Mo</u>			

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

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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 *Al C Ortman*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**