

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25507**
Registrar's No. **1696**

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH
a. COUNTY **St Louis 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 **RICHMOND HEIGHTS**

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 **St Mary's Hospital**

e. STREET ADDRESS (If rural, give location) **6623 Hoffman** **2039**

3. NAME OF DECEASED (Type or Print)
a. (First) **Arthur** b. (Middle) **W** c. (Last) **Reiter**

4. DATE OF DEATH (Month) (Day) (Year) **7-11-1956**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **5-31-1891**

9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months **1** Days **11** IF UNDER 4 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Dept Mgr**

10b. KIND OF BUSINESS OR INDUSTRY **Mercantile Trust Co., St Louis, Missouri**

11. BIRTHPLACE (City and State or Foreign Country) **USA** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Herman E Reiter**

13b. MOTHER'S MAIDEN NAME **Katherine Eckert**

14. NAME OF HUSBAND OR WIFE **Hannah Marie Reiter**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW # 1**

16. SOCIAL SECURITY NO. **490-12-0174**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Hanna Marie Reiter 6623 Hoffman**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
ANTECEDENT CAUSES DUE TO (b) **Bacterial Shock**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **Acute gastro-enteritis (B. proteus)**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes mellitus**

INTERVAL BETWEEN ONSET AND DEATH
4 days
5 days
8 days
Uncertain

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **none**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no**

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 9, 1954** to **July 11, 1956**, that I last saw the deceased alive on **July 11, 1956**, and that death occurred at **11:45 PM** from the causes and on the date stated above.

23a. SIGNATURE **H. E. Gadenheimer MD.** (Degree or title)

23b. ADDRESS **935 N. Central Ave, Clayton 5, Mo.**

23c. DATE SIGNED **July 13, 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7-14-1956**

24c. NAME OF CEMETERY OR CREMATORY **Lake Charles**

24d. LOCATION (City, town, or county) (State) **St Louis County Missouri**

DATE REC'D BY LOCAL REG. **7-13-56**

REGISTRAR'S SIGNATURE **Herbert R. Domb MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Hoffmeister Colonial Mortuary**

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.....
Signature of Student Embalmer

Signed *Bill C. Branson*.....

Licensed Embalmer No. *4764*.....

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.