

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36080**
Registrar's No. **9752**

FILED NOV 16 1956

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

1. PLACE OF DEATH a. 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 town) St. Louis,		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place township) 33 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 521 Bowen St.			
3. NAME OF DECEASED (Type or Print) PHILLIP		4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1956	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 27, 1897	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Reuter		13b. MOTHER'S MAIDEN NAME Louise Brinkman	
14. NAME OF HUSBAND OR WIFE Bertha Reuter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. 493-03-3404		17. INFORMANT'S SIGNATURE OR NAME Bertha Reuter, 521 Bowen St.	
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) Toxemia -Toxemia ANTECEDENT CAUSES Large leg ulcer Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Large leg ulcer 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) 715x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 10-23-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 15-55 10-23-56	
22. I hereby certify that I attended the deceased from Dec 15, 1955 , to Oct 23, 1956 , that I last saw the deceased alive on Oct 23, 1956 and that death occurred at 9:45 P.M. , from the causes and on the date stated above. 10-25-56			
23a. SIGNED BY Bertha Reuter M.D.		23b. ADDRESS 6100 Morganford Rd.	
23c. DATE SIGNED 10-25-56		24a. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
24b. DATE 10/26/56		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cem.	
24d. BURIAL, CREMATION, REMOVAL (Specify) Removal		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und.Co., 7420 Michigan Ave.	
DATE REC'D BY LOCAL REG. OCT 25 1956		REGISTRAR'S SIGNATURE Carol Smith M.D.	

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Nic*

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.