MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 710 Ann Avenue St. ..... Ward)

File No. 29122

Registered No. 8630

2. FULL NAME Emma Reuter

(a) Residence. No. 710 Ann Avenue St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Reuter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	5	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Ben Hofman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Henry Reuter
(Address) 710 Ann Ave

15. FILED AUG 26 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 25th, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1928, to Aug. 25, 1928, that I last saw her alive on Aug. 25, 1928, and that death occurred, on the date stated above, at 3:30 am A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic nephritis
131
93c 129a
under my care (duration) ..... yrs. 6 mos. 22 ds.

CONTRIBUTORY (SECONDARY) chronic myocarditis
— (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

O DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical observation

(Signed) Dr. H. Toppen, M.D.

Aug 25, 1928 (Address) 3341 California Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus

DATE OF BURIAL Aug. 27 1928

20. UNDERTAKER Wacker-Helderle

ADDRESS 2331 S. Bridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.