

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.

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11275

1. PLACE OF DEATH: 1000  
 (a) County \_\_\_\_\_ 2  
 (b) City or town St. Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4642 Idaho, Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Walter Carl Reusch. 200  
 (b) If veteran, name war NONE.  
 (c) Social Security No. 702-05-4431

4. Sex Male. 5. Color or race White.  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Father Reusch.  
 6. (c) Age of husband or wife if alive 46. years  
 7. Birth date of deceased June, 25, 1882.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57. 6. 6. \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mascoutah, Illinois.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Division of rates, Traffic

11. Industry or business Dep't. Webash R. R.

MOTHER FATHER  
 { 12. Name Edward J. Reusch.  
 { 13. Birthplace Mascoutah, Illinois.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Zimmerman.  
 { 15. Birthplace Norway.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Eather Reusch.  
 (b) Address 4642 Idaho, St. Louis, Mo.  
 17. (a) Burial. (b) Date thereof 1-3-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Hill Cemetery.  
 18. (a) Signature of funeral director C. R. Lupton & Sons  
 (b) Address #7233 Delmar Boulevard.  
 19. (a) DEC 31 1939 (b) J. D. Brounck  
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town St. Louis, 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. #4642 Idaho Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st,  
 year 1939 hour 9. minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage  
(Apoplexy)  
Senile Atrophy  
 Other conditions: \_\_\_\_\_  
 (Include present within 3 months of death)  
Chronic Hepatitis  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 131

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (Specify type of means of injury) 14  
 23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
 Address Superior Date signed 1-2-40

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Clarence H. Murray*

Licensed Embalmer No. *4011*

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 this body is not embalmed, above space should be left blank.**