

No. 2
1-10-40
-17-50
X2:492

MAY 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3524**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **26**
(If outside city or town limit: write "RURAL")
(d) Street No. 3417 N. 20th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1940 hour 12. minute 30 P. M.
21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix, *Duration*
with metastasis.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME VERONICA REIDT 3RD

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife John Reidt 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 7 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Casimer Werner

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Roth
(City, town, or county) (State or foreign country)

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant John Reidt

(b) Address 3417 N. 20th St.

17. (a) Burial (b) Date thereon Apr. 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Henry Fisher U. Co.

(b) Address 117 N. Market St.

19. (a) APR 16 1940 (b) J. D. Braddock
(Date received local registrar) (Signature)

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) (e) Means of injury _____

23. Signature Joseph M. ... (Date signed) _____
Address ...

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

4-18-40

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 Homer L. Ponder
Licensed Embalmer No. 3867
P. O. Address 2223 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.