110
V. S. No. 2
00M—2-43
Rev. 5-17-3
1 X3607

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30308

Registrar's No. 8163

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25 Bas

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 712 N. 6th Street 17
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Reiman

3. (b) If veteran, name war

3. (c) Social Security No. 490-12-6793

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 14, (Day) 1866 (Year)

8. AGE: Years 76 Months 10 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Esthonia 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Anton Reimann 0
13. Birthplace (City, town, or county) Esthonia 0 (State or foreign country)

MOTHER
14. Maiden name Annette Johnson 0
15. Birthplace (City, town, or county) Esthonia 0 (State or foreign country)

16. (a) Informant Eric Seiler
(b) Address 703 N. 16th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Conneaut, Ohio

18. (a) Signature of funeral director John H. Gilpin Sons
(b) Address 2630 Gravois Avenue

19. (a) SEP 14 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12, year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from August 16, 1943 to September 12, 1943; that I last saw him alive on September 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute peritonitis	
perforation of the ileum	
Due to Stricture of the ileum cause	
unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death) 120	

Major findings:
Of operations

Of autopsy as above

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? (Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] M.D. or other)

Address 1515 Lafayette Avenue, Date signed 9/13/43

(Licensed Embalmer's Statement on Reverse Side)

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. 4144,

working under my personal supervision.

Signed. Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address. 2630 Gravois Avenue

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, fact should be so stated above.