

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22462**
Registrar's No. **6889**

FILED AUG 31 1945
Registration District No. **318**

Primary Registration District No. **1006**

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Ozanam Shelter for Men - Montgomery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)
In this community 40 years

3. (a) PRINT FULL NAME Henry Reitemeier
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Lena Reitemeier nee Thuermer
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan 22 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 13
If less than one day — hr. — min.

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

10. Usual occupation Unemployed

11. Industry or business —

MOTHER FATHER

12. Name Ernst Reitemeier

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

14. Maiden name Mary Schumacher

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

16. (a) Informant Fred Reitemeier, Brother
(b) Address 1905a Hebert Street

17. (a) Burial (b) Date thereof August 6 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St Louis Avenue

19. (a) AUG 6 1945 (b) J. F. Brueck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3225 Montgomery (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

20. DATE OF DEATH: Month August day 5
year 1945 hour 10 minute 50 A.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 Chronic Myocarditis
Chronic Myocarditis
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings: —
Of operations —
Of autopsy —

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? —

23. Signature Patrick C. Taylor (Specify type of place) (M. D. or other)
Address Wiley Cor Date signed 8/6/45

(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.....
working under my personal supervision.

No Embalming
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.