

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22115**
Registrar's No. **4918**

FILED JUN 20 1946

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3720 No. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Augusta Reller**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Fem.** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 30 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 1 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
12. Name **Henry Reller**
13. Birthplace **Germany** **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Louis Stamer**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Angelica Reller**
(b) Address **3720A. No. Grand**

17. (a) **Burial** (b) Date thereof **6-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Alexander & Sons**
(b) Address **6175 Delmar Blvd.**

19. (a) **JUN 2 1946** (b) **J. F. Predeck**
(To be received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3720 A. No Grand Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1-46**
year _____ hour **11** minute **25** P. M.

21. I hereby certify that I attended the deceased from **May 10 1946** to **June 1 1946**
that I last saw h. **alive** on **May 30 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemiplegia (Cerebral)** **4 mo.**
Hypertension **years**
arterio-sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **83**
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Wm J. Langon** (M. D. or other)
Address **5858 Delmar** Date signed **June 2 1946**

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

20938

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 Joseph E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Palmdale

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.