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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **318**  
Primary Registration District No. **100**  
Registrar's No. **39914**  
**10077**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: O'neil's Drug Store, Connection & Morganford  
(If not in hospital or institution, write street number or location) Row  
(d) Length of stay: In hospital or institution 2 (Specify whether  
In this community 52 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1617  
(d) Street No. 4250 Juniata  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward J. Reusch  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Mary E. Fischer  
6. (c) Age of husband or wife if alive. 64 years  
7. Birth date of deceased October 20, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation Experimental Tester

11. Industry or business Electrical Mfctrs.

MOTHER FATHER  
12. Name Anton Reusch  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Zimmermann  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Reusch  
(b) Address 4250 Juniata

17. (a) Burial (b) Date thereof Nov. 26, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mr. Crematory

18. (a) Signature of funeral director Beiderwieden F. H., Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) NOV 26 1946 J. F. Bredbeck  
(Date recorded by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23,  
year 1946 hour 10: minute 00 A. M.  
21. I hereby certify that I attended the deceased from June  
6th to Nov 23, 1946  
that I last saw him alive on Nov 22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary thrombosis  
Due to Chronic Myocarditis  
Chronic Endocarditis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 92

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

22. If death was due to external causes, fill in the following:  
(c) 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 R. F. Gray (M. D. or other) M.D.  
Address 3150 Morganford Rd Date signed 11/27/46

(Licensed Embalmer's Statement on Reverse Side)

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

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~~Emb reports not filed~~

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 *Neal L Paulson*

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Louis Mo.*

**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.