

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10992**
2034

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE <i>deceased lived. If institution: residence before admission.</i> a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1				d. STREET ADDRESS (If rural, give location) 23 1213a Allen Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Virginia		b. (Middle) H.		c. (Last) Reuf	
4. DATE OF DEATH		Month March		Day 1		Year 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 5, 1888	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 25		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Scharfenberger			13b. MOTHER'S MAIDEN NAME Mary Wenz			14. NAME OF HUSBAND OR WIFE William Reuf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 499-05-5834		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William A. Reuf 1213a Allen Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) albuminuria DUE TO (c) hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. anxiety state moderate				INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 5 yrs. 5 yrs. 1 yr.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) Mo.			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Blow			
22. I hereby certify that I attended the deceased from Jan 1947 , to Feb 27, 1950 , that I last saw the deceased alive on Feb 27, 1950 , and that death occurred at 7:20 A m., from the causes and on the date stated above.							
23a. SIGNATURE Edward H. Hamter M.D. (Degree or title)				23b. ADDRESS 1504 So Grand		23c. DATE SIGNED 3/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/3/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO.	
DATE REC'D BY LOCAL MAR 2 1950		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.		

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.