

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27468**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Jefferson 0500				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Murphy Rock		c. LENGTH OF STAY (In this place) 14 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Murphy		0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Valley Park R 2				d. STREET ADDRESS (If rural, give location) Valley Park R 2 0			
3. NAME OF DECEASED (Type or Print) a. (First) Gottfried b. (Middle) c. (Last) Reuter			4. DATE OF DEATH (Month) (Day) (Year) Aug 3, 1951				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 22, 1880	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jefferson County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Conrad Reuter			13b. MOTHER'S MAIDEN NAME Diehl		14. NAME OF HUSBAND OR WIFE Amelia Reuter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amelia Reuter Murphy, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis - Generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cx of prostate & bladder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Healed laceration of tongue and pharynx					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION as above			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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 15, 1949 , to Aug 3, 1951 , that I last saw the deceased alive on Aug 3, 1951 , and that death occurred at 5:15 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank G. Ziegler M.D.				23b. ADDRESS 16 Hampton Village Pl		23c. DATE SIGNED 8-4-51	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 8/6/51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Afton, Mo.	
DATE REC'D BY LOCAL REG. 8/11/51		REGISTRAR'S SIGNATURE Ruth J. Isaac		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-14-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Neville B. Trohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Gravois*

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.