

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6710

State File No. _____
Registrar's No. 1677

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 35 YRS.		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3702a SALENA STREET		e. STREET ADDRESS (If rural, give location) 24 3702a SALENA STREET	

3. NAME OF DECEASED (Type or Print) HONNORA	a. (First)	b. (Middle) ****	c. (Last) REUTER	4. DATE OF DEATH FEB. 20, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JAN. 1, 1876	9. AGE (In years last birthday) 78	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) NEW YORK, NEW YORK /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ADAM KUNZ	13b. MOTHER'S MAIDEN NAME FRANCES HAYES	14. NAME OF HUSBAND OR WIFE CHARLES
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADELE REUTER	ADDRESS 3702a SALENA ST. LOUIS, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		5 days
	II. OTHER SIGNIFICANT CONDITIONS Chronic Gastritis, Chronic Nephritis		2 years
ANTECEDENT CAUSES			
DUE TO (b) _____			
DUE TO (c) _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? 4201
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22. I hereby certify that I attended the deceased from Jan 16, 1954, to Feb 20, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE Leroy E. Ellison MD	(Degree or title) MD	23b. ADDRESS 3610.50 Broadway St Louis	23c. DATE SIGNED Feb 20, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB. 23, 1954	24c. NAME OF CEMETERY OR CREMATORY Waterloo, Illinois	24d. LOCATION (City, town, or county) (State) Waterloo, Illinois
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DATE REC'D BY LOCAL REG. FEB 23 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25 FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS 7814 S. Broadway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*.....
Licensed Embalmer No. *267*.....

P. O. Address *7814 1/2 Birch*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.