No. 300
10-48

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3362

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 233

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD
c. LENGTH OF STAY (in this place): 29 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7410 ELM AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD 4 5 4 4 0
d. STREET ADDRESS (If rural, give location): 7410 ELM - AVE

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID b. (Middle): — c. (Last): REUTER

4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 55

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 4-29-1873
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAPERHANGER
10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: MICHAEL-REUTER
13b. MOTHER'S MAIDEN NAME: ANN-ELIZABETH-SLETER
14. NAME OF HUSBAND OR WIFE: KATHERINE-REUTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 488-26-7718
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MARY-REUTER-7410 ELM 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: None 446X
20. AUTOPSY? YES ☐ NO ☐

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): -- m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? --

22. *I hereby certify that I attended the deceased from* Dec. 9, 1954, *to* 1-6, 1955, *that I last saw the deceased alive on* 1-6, 1955, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles C. Drace Jr.
23b. ADDRESS: 19 E. Lockwood Ave. Webster Groves 19, Mo.
23c. DATE SIGNED: 1-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-1-55
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL-PARK.CEM
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO MO

DATE REC'D BY LOCAL REG.: 1-30-55
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JAY-B-SMITH-MAPLEWOOD-17-MO

SW (Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Stanley H. Dixon

Signed.....
Student Embalmer

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.