

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25594

**1. PLACE OF DEATH**

County Monteclair  
Township Walker  
City California (No. \_\_\_\_\_)

Registration District No. 541  
Primary Registration District No. 4335

File No. \_\_\_\_\_  
Registered No. 331  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Mary Reuke

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28-1868

7. AGE YEARS MONTHS Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66      1      6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Bernard Reuke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Piggie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Suzar Reuke California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Bur DATE 7/5 1934

19. UNDERTAKER (ADDRESS) Hillman & Reed myer California mo

20. FILED 7-5-34 H.K. Poyner Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1933 to July 4 1934  
I last saw him alive on July 2nd 1934 Death is said to have occurred on the date stated above, at 6:21 a.m.  
The principal cause of death and related causes of importance were as follows:

mitral insufficiency Date of onset \_\_\_\_\_  
92A  
94B 95A  
Other contributory causes of importance:  
Coronary thrombosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. G. Jr. M. D.  
(Address) California, mo

WRITE PLAINLY, WITH DARK INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

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