

FILED DEC 22 1943

1003

10969

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Weeks  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward E. REISINGER  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Ida S.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 4th 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lorain Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Engineer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Reisinger  
(b) Address 3210 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Springs, Mich

18. (a) Signature of funeral director Oscar J. Hoffmeister  
(b) Address 4016 Chippewa

19. (a) DEC 12 1943 (Date received local registrar) (b) JT Bredet (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 3210 Arsenal 16  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11  
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from OCTOBER  
31 1943 to DEC 11 1943  
that I last saw him alive on DEC 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
MYOCARDIAL FAILURE 2 hrs.  
Degeneration  
Due to HYPERTROPHY OF 3  
PROSTATE YRS  
Due to BENIGN ADENOMA OF 3 MOS  
LEFT BREAST  
Other conditions BENIGN  
(Include pregnancy within 3 months of death)

Major findings: HYPERTROPHY OF PHYSICIAN  
Of operations PROSTATE  
Of autopsy (BENIGN)  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Giller (M. D. number) \_\_\_\_\_  
Address No. Poe Date signed 12-14-43

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ernest W. Spillers  
Licensed Embalmer No. 4080  
P. O. Address 3836 Botanical St. San

**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.**