No. 300
10.48

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28587

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7267

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place) 2 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY Montgomery Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Litchfield Ill. 8120
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) RICHARD c. (Last) REENTS

4. DATE OF DEATH (Month) AUG (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 20 1902
9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months 1 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Amer. Radiator Co.
11. BIRTHPLACE (State or foreign country) Litchfield Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred C. Reents
13b. MOTHER'S MAIDEN NAME Matilda Heisman
14. NAME OF HUSBAND OR WIFE Grace Reents

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. Unk.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Reents Litchfield Ill.

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) Left Temporal Lobe Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH 4-6 months

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

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Left Temporal Lobe Brain tumor, Malignant
20. AUTOPSY? YES [X] 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? 193X

22. *I hereby certify that I attended the deceased from* AUG 24, 1950, *to* AUG 25, 1950, *that I last saw the deceased alive on* AUG 25, 1950, *and that death occurred at* 11:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Dan L. Morgan (Degree or title) M.D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 8/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 26-50
24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.
24d. LOCATION (City, town, or county) (State) Litchfield Ill.

DATE REC'D BY LOCAL REG. AUG 26 1950
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington Av.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R Sadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 407

P. O. Address.....

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.