

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32235  
Registrar's No. 2261

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>PINE LAWN</u>		c. CITY OR TOWN <u>PINE LAWN</u>	
c. LENGTH OF STAY (in this place) <u>4YR</u>		d. STREET ADDRESS (If rural, give location) <u>6203 BIRCHER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SHAMROCK REST HOME</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-20-1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULU</u> b. (Middle) <u>A. REISENLEITER</u> c. (Last) _____		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-8-1891</u>	
9. AGE (In years last birthday) <u>59</u> Months <u>7</u> Days <u>12</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS - MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOHN BIRMINGHAM</u>	
13b. MOTHER'S MAIDEN NAME <u>LOUISE SENN</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES REISENLEITER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Reisenleiter</u>		ADDRESS <u>6203 Birch</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Hemiplegia, Blind OD</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>442X</u>		22. I hereby certify that I attended the deceased from <u>Sept 13, 1947</u> ; to <u>Sept 20, 1950</u> ; that I last saw the deceased alive on <u>Sept 14, 1950</u> , and that death occurred at <u>10:05 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Lewis Littmann</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>8231 Clayton Rd</u>	
23c. DATE SIGNED <u>9/22/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY - MO</u>		DATE REC'D BY LOCAL REG. <u>9-22-50</u>	
REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Tamm</u> ADDRESS <u>6107 Natural Bridge</u>	

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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.