

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2916

State File No. _____

FILED JAN 26 1951

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 1002 Registrar's No. 477

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 3827 Virginia	
3. NAME OF DECEASED (Type or Print) LOUISE		4. DATE OF DEATH (Month) (Day) (Year) 1 15 51	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 2-19-1890	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Gen Home	
11. BIRTHPLACE (State or foreign country) Kirkwood, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Franz Wissmann		13b. MOTHER'S MAIDEN NAME Louise Loundel	
14. NAME OF HUSBAND OR WIFE George H. Reichardt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Marvin Gielow, 5038 Milentz		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of descending colon 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 As above.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 152X			
22. I hereby certify that I attended the deceased from 9-25, 1950, to 1-16, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45A m., from the causes and on the date stated above.			
23a. SIGNATURE (Bet N Klein (Degree or title))		23b. ADDRESS 2632 So. Kingshighway	
23c. DATE SIGNED 1/16/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-51	
24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JAN 17 1951		REGISTRAR'S SIGNATURE J. B. Foster	
25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis		ADDRESS	

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

Dr. Arnold & Bert Klein

2632 So. Kingshighway

Dr. Bert Klein -

1 - 4 P.M.

6 - 8 P.M.

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 _____

Selix J. Krupin

Signed.....

Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.