

No. 300
10-48

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3215

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Lemay 4860	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital		d. STREET ADDRESS 664 Bellsworth 1	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) C. c. (Last) Reisenhofer			4. DATE OF DEATH (Month) (Day) (Year) 1 30 51		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 21, 1914		9. AGE (In years last birthday) 36			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joseph Reisenhofer		13b. MOTHER'S MAIDEN NAME Katherine Gomse		14. NAME OF HUSBAND OR WIFE Bernice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 49 7-01-3968		17. INFORMANT'S SIGNATURE OR NAME Bernice Reisenhofer-ADDRESS 604 Bellsworth Lemay Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vegetative bacterial endocarditis		DUE TO (b) Rheumatic heart disease			18 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Abscesses of brain, spleen, kidney, congestion of liver, lungs				
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 4011		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-10-1951, to 1-30-1951, that I last saw the deceased alive on 1-28-1951, and that death occurred at 12:20 A. M., from the causes and on the date stated above.

23a. SIGNATURE R. P. Cahle (Degree or title)		23b. ADDRESS M. O. 601 S. BRENTWOOD-CLAYTON 5, Mo.		23c. DATE SIGNED 1-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/1/51		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Hospital		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldlerle ADDRESS 3634 Gravois			

DATE REC'D BY LOCAL REG. 1/31/51 REGISTRAR'S SIGNATURE Robert R. Tompkins

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.