

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10537
2796 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2218 S. 9th ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL			
3. NAME OF DECEASED a. (First) ERNEST (Type or Print)		b. (Middle) - c. (Last) REICKENBACKER	
4. DATE OF DEATH MAR. 23 1951 (Month) (Day) (Year)			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUN. 15 1933
9. AGE (In years last birthday) 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER	11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY HAGER HINGE CO	12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME EDWIN REICKENBACKER		13b. MOTHER'S MAIDEN NAME ELLA MARTIN	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME EDWIN REICKENBACKER		ADDRESS 2218 S. 9th	
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) <u>General Peritonitis;</u> ANTECEDENT CAUSES <u>Appendectomy; Anesthesia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>while undergoing an</u> DUE TO (c) <u>appendectomy at City Hosp</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#1, on Mar 23 1951</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		550.1	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 P.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Perry</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>3/26/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>MAR 27 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAR 26 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Laoster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>		ADDRESS <u>2906 Pearson</u>	

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

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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.....

Samuel A. Kelly

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Harvard

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.