

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. **10538**
Registrar's No. **2649**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 2649	
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 Saint Louis		c. LENGTH OF STAY (If this place) 1 Month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 7 5262 Davison Avenue			
3. NAME OF DECEASED a. (First) (Type or Print) Louise		b. (Middle) M.		c. (Last) Reinecke		4. DATE OF DEATH (Month) (Day) (Year) March 20th, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1st, 1880		9. AGE (In years last birthday) (Specify) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Kusewitt		13b. MOTHER'S MAIDEN NAME Mary (Unknown)		14. NAME OF HUSBAND OR WIFE Charles F. Reinecke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles F. Reinecke, 5262 Davison Avenue			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver 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.				INTERVAL BETWEEN ONSET AND DEATH 3 mo. plus	
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? 5810			
22. I hereby certify that I attended the deceased from Sept. 18, 1950 , to March 20, 1951 , that I last saw the deceased alive on March 20, 1951 , and that death occurred at 6:30A m., from the causes and on the date stated above.							
23a. SIGNATURE Clarence J. Miller (Degree or title) M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 3-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/23/51	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. MAR 21 1951		REGISTRAR'S SIGNATURE J. R. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

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

no - 11/19/19
Je 7469

Returned 2:30 - 5:00 PM

Wednesday
(knock on door)

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 Ralph C. Linders

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

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.