

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10541

State File No. \_\_\_\_\_

FILED MAR 22 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2300</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) township) <b>1 wk</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2179</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>17 3920 Cleveland Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>Sabina</b>		a. (First) _____		b. (Middle) <b>M.</b>		c. (Last) <b>Reitz</b>	
4. DATE OF DEATH <b>March 10 1951</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 19, 1868</b>		9. AGE (In years last birthday) <b>82</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>William Baumants</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Ring</b>		14. NAME OF HUSBAND OR WIFE <b>Charles R. Reitz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles E. Reitz, 6418 Potomac St.</b>			
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) <b>Acute Pancreatitis &amp; peritonitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive R-V-R. Disease</b> DUE TO (c) <b>Chronic myocarditis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> <b>10 yrs</b> <b>8 yrs</b>	
19a. DATE OF OPERATION <b>3 Mar 51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute Pancreatitis with chemical peritonitis, diffuse, generalized</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HHTX</b>					
22. I hereby certify that I attended the deceased from <b>3 Mar, 1951</b> , to <b>10 Mar, 1951</b> , that I last saw the deceased alive on <b>10 Mar, 1951</b> , and that death occurred at <b>3:45A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard H. May, M.D.</b>				23b. ADDRESS <b>5930 Southwest</b>		23c. DATE SIGNED <b>12 Mar 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 13, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>MAR 1 2 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lester</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister Colonial Mortuary</b> ADDRESS <b>6464 Chippewa St., St. Louis, Mo.</b>			

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

Dr. Richard Ray  
5930 Southwest Ave.  
HI 0750

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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *7814 Broadway*

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.