

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25156

FILED AUG 7 1951

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State File No. ....

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|   |   |  |  |  |   |   |  |
|---|---|--|--|--|---|---|--|
| BIRTH NO. _____   |   | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____ |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>  |   |  | c. LENGTH OF STAY (in this place) _____                      |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hosp</u>   |   |  |  | d. STREET ADDRESS (If rural, give location) <u>3529 Bingham</u>  |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Virginia</u> b. (Middle) <u>Reber</u> c. (Last) _____  |   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jul 26, 1951</u> |  |   |   |  |
| 5. SEX <u>female</u>  | 6. COLOR OR RACE <u>white</u>   | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>                                  | 8. DATE OF BIRTH <u>Oct. 9, 1879</u>                         |  | 9. AGE (In years last birthday) <u>71</u>   | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? _____  |  |
| 13a. FATHER'S NAME <u>J. Foulks</u>   |   |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Owen</u>                   |  | 14. NAME OF HUSBAND OR WIFE <u>Roscoe Reber</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |   | 16. SOCIAL SECURITY NO. <u>no</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Minn Reber</u>  |   | ADDRESS <u>3529 Bingham</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Emphysema.</u> |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>                                     |  |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  |   | 20. AUTOPSY?<br>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) (m.) _____  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>H2O</u>  |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>5-13, 1948</u> , to <u>7-26, 1951</u> , that I last saw the deceased alive on <u>7-26, 1951</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above. |   |  |  |  |   |   |  |
| 23a. SIGNATURE <u>Ronald Phantus</u> (Degree or title) _____  |   |  |  | 23b. ADDRESS <u>5203 Champaign</u>   |   | 23c. DATE SIGNED <u>7-27-51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>  |   | 24b. DATE <u>7-28-51</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>                           |   |  |
| DATE REC'D BY LOCAL REG. <u>JUL 27 1951</u>   |   | REGISTRAR'S SIGNATURE <u>J. Baseler</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>southern funeral home</u>  |   | ADDRESS <u>8322 S. Grand Blvd</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

5-20-3 Clippewa

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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*Justin W. Dietrich*

Licensed Embalmer No. *4329*

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.