

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39606

State File No.

DEC 15 1951

318

1003

Registrar's No. 10811

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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) <u>1 Mo. 11</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> 2139			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>13 5800 Arsenal St.</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First)	b. (Middle)	c. (Last) <u>Rearich.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1951.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u>		8. DATE OF BIRTH <u>DEC 29 1865</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. ()</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Rearich</u>			13b. MOTHER'S MAIDEN NAME <u>???</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Mattfield.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City Infirmary Records, 5800 Arsenal St.</u>			
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) <u>Arteriosclerotic Heart Disease.</u>					
		ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Enteritis.</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HS 00</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 23, 1951</u> , to <u>Dec 4, 1951</u> , that I last saw the deceased alive on <u>Dec. 4, 1951</u> , and that death occurred at <u>8:15 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Palma Maria Beiderwieden M.D.</u>				23b. ADDRESS <u>5600 Arsenal</u>		23c. DATE SIGNED <u>12-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 7 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW BETHLEHEM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>		
DATE REC'D BY LOCAL REGISTRY <u>DEC 6 1951</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F. H. INC. 1936 ST. LOUIS AVE</u>		

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

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m. J. B.

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.