No. 300
10.48

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

FILED DEC 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39612

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10287

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 71 4713
d. STREET ADDRESS (If rural, give location): 118 W. Madison Ave.,

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) A. c. (Last) Reifsteck

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1951

5. SEX: Male D

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 11, 1906

9. AGE (In years last birthday): 45 — If under 1 year: Months 1 Days 7 — If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Geo. E. Broeker Cigar Co

11. BIRTHPLACE (State or foreign country): St. Louis D

12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Albert Reifsteck

13b. MOTHER'S MAIDEN NAME: Julia White

14. NAME OF HUSBAND OR WIFE: Marie Reifsteck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 499-05-4547

17. INFORMANT'S SIGNATURE OR NAME: Marie Reifsteck **ADDRESS**: Kirkwood

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, Brain Injury — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) suffered when truck operator

DUE TO (c) deceased struck safety zone

street at Grandale and 5:17 P.M.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hump Area Stro., about

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Nov 3 1951 Accidental

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo E8190

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 3 51 5 17 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 31

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* 6:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Lewis Deputy Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 11/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-21-51

24c. NAME OF CEMETERY OR CREMATORY: St. Peter's

24d. LOCATION (City, town, or county) (State): Kirkwood Mo.

DATE REC'D BY LOCAL REG. 1951

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Meyer-Pfitzinger Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Petersen

Licensed Embalmer No. 4306

P. O. Address Kirkwood, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 3961.2

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10287

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Charles A. Reifsteck, died ~~born~~ 11-18-1951, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 18-1b should read 5:17 PM
Instead of 5:17 AM

Item No. 21d should read 5:17PM
Instead of 5:17AM

Item No. 22 should read 6:40AM
Instead of 6:40PM

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant [signature] Relationship.

1300 Clark [signature]
Present Address.

Subscribed and sworn to before me this 10 day of Dec., 1951

My Commission expires 3-4-53 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

. S. 135
-8-43
X37817