

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **14701**  
 2607  
 Registrar's No. **2607**

FILED APR 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>4820 Affton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, or institution, give street address or location) <b>St. Louis Army Med. Depot 12th &amp; Spruce</b>		d. STREET ADDRESS (If rural, give location) <b>9155 Wayne Dr. 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucille</b>	b. (Middle) <b>Alice</b>	c. (Last) <b>Reineke</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3/17/52</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 20, 1915</b>
9. AGE (In years last birthday) <b>36</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry Schirmer</b>	
13b. MOTHER'S MAIDEN NAME <b>Mabel Hall</b>		14. NAME OF HUSBAND OR WIFE <b>Russell F.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Russell F. Reineke</b>		ADDRESS <b>9155 Wayne Dr. Affton, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Insuff. &amp; Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Coronary Insufficiency</b> DUE TO (c) <b>Rheumatic Heart Disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>		<b>2 years</b>	
<b>25 yrs.</b>			
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11-12-1946</b> to <b>3-17-1952</b> , that I last saw the deceased alive on <b>3-1-1952</b> , and that death occurred at <b>3:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Eugene H. Edels M.D.</b> (Degree or title)		23b. ADDRESS <b>4971 Chippewa St.</b>	23c. DATE SIGNED <b>3-18-52</b>
24a. BURIAL (CREMATION) REMOVAL (Specify)	24b. DATE <b>3/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAR 19 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McWacker-Edels</b>	ADDRESS <b>3634 Gravois</b>

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

**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Thomas 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.