

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26252

State File No.

FILED JUL 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5293**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Maternity Hospital		d. STREET ADDRESS (If rural, give location) 6111 Ridge Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Jane	c. (Last) Reimer	4. DATE OF DEATH (Month) (Day) (Year) 6 8 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17-1924
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wellston, Missouri
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Orin Shelby	
13b. MOTHER'S MAIDEN NAME Margaret Heaney		14. NAME OF HUSBAND OR WIFE Lois Reimer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 487-20-5001	
17. INFORMANT'S SIGNATURE OR NAME Lois Reimer		ADDRESS 6411 Ridge Ave	
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) TOXIC PREGNANCY ANTECEDENT CAUSES DUE TO (b) ACUTE PYLONEPHRITIS <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 640X			
22. I hereby certify that I attended the deceased from 5-26 , 19 52 , to 6-8 , 19 52 , that I last saw the deceased alive on 6-8 , 19 52 , and that death occurred at 11:05 am. , from the causes and on the date stated above.			
23a. SIGNATURE Fl Bradley		23b. ADDRESS Barnes Hospital	
23c. DATE SIGNED June 9/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 11, 1952	
24c. NAME OF CEMETERY OR CREMATORY Monumental Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. JUN 10 1952		REGISTRAR'S SIGNATURE J. C. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE J. D. Quinn		ADDRESS 1289 Houston Blvd	

(Licensed Embalmer's Stamp to be 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 _____

.....
working under my personal supervision.

Student Embalmer No.....

Signed Ronald A. Yalutka

Signed.....

Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.