

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27410**

FILED SEP 2 - 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **274**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 47yrs.		d. STREET ADDRESS (If rural, give location) 816 Themis St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 816 Themis St.			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Leroy c. (Last) Reisenbichler			4. DATE OF DEATH (Month) 8 , (Day) 22 , (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 19, 1904
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 Hrs. _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill Owner	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Christian J. Reisenbichler		13b. MOTHER'S MAIDEN NAME Mary Hitt	14. NAME OF HUSBAND OR WIFE Berniece Unnerstall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-24-5521	17. INFORMANT'S SIGNATURE OR NAME Arnold Unnerstall ADDRESS Cape Girardeau, Mo.
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) Pulmonary embolus ANTECEDENT CAUSES Due to (b) Fracture compression first lumbar vertebra Due to (c) Fracture ribs, left II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lacerations of face, arm, neck, tongue	
INTERVAL BETWEEN ONSET AND DEATH 27 days		INTERVAL BETWEEN ONSET AND DEATH 27 days	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Multiple fractures of ribs & vertebrae		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 27, 52 5pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident	
22. I hereby certify that I attended the deceased from 27 July, 1952 , to 22 Aug, 1952 , that I last saw the deceased alive on 9 Aug, 1952 , and that death occurred at 100a m. , from the causes and on the date stated above.			
23a. SIGNATURE H. W. Ashley, Jr. M.D. (Degree or title)		23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED 23 Aug 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/24/52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
DATE REC'D BY LOCAL REG. 8-27-52	REGISTRAR'S SIGNATURE C. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Forberg ADDRESS Cape Girardeau, Mo.

MAR 2 1 1958

MAR 1 4 1958

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

C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau,

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.