

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40641**
 Registrar's No. **10423**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4013a Olive St. | | d. STREET ADDRESS (If rural, give location) 19 4013a Olive St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) c. (Last) Reiter | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1952 |
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|----------------------|-------------------------------|---|---------------------------------------|---|----------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 12, 1907 | 9. AGE (In years last birthday) 45 | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 HRS. Hours | 13. UNDER 1 HRS. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|----------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | 11. BIRTHPLACE (City and State or Foreign Country) Seattle, Wash. 1 | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME John Tegg | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Joseph |
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| 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. 557-22-8673 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Reiter, 4013a Olive St. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS. metastasis to spine Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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? 171X |

22. I hereby certify that I attended the deceased from **Sept 11, 1952**, to **Nov. 10, 1952**, that I last saw the deceased alive on **Nov. 9, 1952**, and that death occurred at **12:25 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Name or title) H. F. Bergman M.D. | 23b. ADDRESS 3720 Washington | 23c. DATE SIGNED 11/11/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11-12-52 | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REG. NOV 12 1952 | REGISTRAR'S SIGNATURE Charles Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. |
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(Licensed Embalmer's Statement on Reverse Side)

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

Fred J. Farmer

Licensed Embalmer No. 4788

P. O. Address St. Louis, 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.