

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2532**

ED FEB 11 1953

BIRTH NO. **0814** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Phelps		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 township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4597	
c. LENGTH OF STAY (In this place) 4yrs		d. STREET ADDRESS (If rural, give location) 45 West Pacific.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McFarland Nursing Home			

3. NAME OF DECEASED a. (First) HERMAN b. (Middle) P. c. (Last) REITZ			4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Dec. 28 1874		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	
11. BIRTHPLACE (City and State or Foreign Country) Illinois.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Peter Reitz		13b. MOTHER'S MAIDEN NAME Anna Herbert		14. NAME OF HUSBAND OR WIFE Mamie, dec.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nursing Home Records. ADDRESS Rolla Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		ANTECEDENT CAUSES DUE TO (b) Myocardial Damage		3 yrs	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 4201		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) 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 **8-3**, 1951, to **2-1**, 1953, that I last saw the deceased alive on **12-18**, 1952, and that death occurred at **5:30A** m., from the causes and on the date stated above.

23a. SIGNATURE James M. Myers (Degree or title) M.D.		23b. ADDRESS Rolla Mo.		23c. DATE SIGNED 2-3-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal		24b. DATE 2/1/53		24c. NAME OF CEMETERY OR CREMATORY College Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Lebanon, Illinois	

DATE REC'D BY LOCAL REG. Feb. 3, 1953		REGISTRAR'S SIGNATURE Nadine L. Steele		25. FUNERAL DIRECTOR'S SIGNATURE S. J. Hill ADDRESS Rolla Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
EV. 10.48

RECEIVED
Pheaps County Health Officer,

County File Number _____
Date Filed 2-10-53

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 S. B. Y. [Signature]

Licensed Embalmer No. 3397

P. O. Address Roller [Signature]

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.