

FILED JAN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3649

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 30

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 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 824a Lafayette Av		d. STREET ADDRESS (If rural, give location) 23 824a Lafayette Av	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle)	
c. (Last) Reidinger		4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11 1867
9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours Mins.
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 (City and State or Foreign Country) Czechoslovakia 6		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Kerpash		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mathias		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mathias Reidinger 824a Lafayette Av	
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility aged 85 yo 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 none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none 331A	
22. I hereby certify that I attended the deceased from 12/27, 1952, to 1/2, 1953, that I last saw the deceased alive on 1/2, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. John B. Canessa M.D.		23b. ADDRESS 2105 N. Broadway	
23c. DATE SIGNED 1/2/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/5/53	
24c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. JAN 3, 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MOydell Funeral Home 1926 Allen Av	

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 Dale A. Strumann

Licensed Embalmer No. 4533

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.