

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16133

State File No.

4073

FILED MAY 15 1953

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

| | | | | | | | | | | |
|--|--|-----------------------------------|---|--|---|--|--|------------------------------------|---|--|
| 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 OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN 4514 Maplewood | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. Deaconess Hosp | | | e. STREET ADDRESS (If rural, give location) 8729 Radley Court | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Josephine | | | b. (Middle) Mary | | | c. (Last) Reisser | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Apr 17 1953 | | | | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Aug. 8, 1889 | | 9. AGE (In years last birthday) 63 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Bernard Tihen | | | 13b. MOTHER'S MAIDEN NAME Louise Fuerst | | | 14. NAME OF HUSBAND OR WIFE Alexander Reisser | | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Gravens 8729 Radley Ct. | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | Myocardial Failure | | | | | | Breast Cancer | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | ANTECEDENT CAUSES | | | | | | | |
| | | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| | | | DUE TO (b) Chronic Myocarditis | | | | | | | |
| | | | DUE TO (c) Arteriosclerotic Hypertension | | | | | | | |
| | | | II. OTHER SIGNIFICANT CONDITIONS | | | | | | | |
| | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | Fast division | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) NOT | | | 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) (Min) | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? 4200 | | | | |
| 22. I hereby certify that I attended the deceased from Oct 1951, to April, 1953, that I last saw the deceased alive on April 4, 1953, and that death occurred at 2:45A.M., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE Dr. Glenn M.D. | | | 23b. ADDRESS 2632 So. Kingshighway, St. Louis 9, Mo. | | | 23c. DATE SIGNED 4/17/53 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | | 24b. DATE Apr 20 53 | | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla | | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo | |
| DATE REC'D BY LOCAL REG. APR 20 1953 | | | REGISTRAR'S SIGNATURE J. Cash Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette | | | | |

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.....
Signature of Student Embalmer

Signed.....

Joseph B. Vollmer

Licensed Embalmer No. *4101*

P. O. Address *3125 Lehigh*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.