

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19796
Registrar's No. 5060

FILED JUN 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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. LENGTH OF STAY (in this place) 3 Wks		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		e. STREET ADDRESS (If rural, give location) 4861 Bessie Avenue			
3. NAME OF DECEASED (Type or Print) Gustave		a. (First) A.		b. (Middle) Reaker	
c. (Last) Reaker		4. DATE OF DEATH 5 - 16 - 1953		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3 - 17 - 1867	
9. AGE (In years last birthday) 86		10. KIND OF BUSINESS OR INDUSTRY Machinist		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Annie Reaker		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. 489-16-9898	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie Reaker		ADDRESS 4861 Bessie 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) <u>Carcinoma of Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy Prostate</u> DUE TO (c) <u>unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
19a. DATE OF OPERATION <u>May 7/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? <u>157X</u>	
22. I hereby certify that I attended the deceased from <u>April 27, 1953</u> to <u>May 16, 1953</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:40P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Marion Schallert MD</u>		(Degree or title)		23b. ADDRESS <u>505 Humboldt Bldg</u>	
23c. DATE SIGNED <u>May 19/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/20/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) <u>St. Louis County</u>		(State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. MAY 19 1953		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>	
				ADDRESS <u>1905 Union Blvd.</u>	

Dr. Martyn Schættyn 2-5
Humboldt Bldg. 549 N. Grand

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 *Warren A. Carve*

Licensed Embalmer No. *350*

P. O. Address

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.