

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19802

State File No.

5014

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 death.) a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN University City, d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 4 days.		• STREET ADDRESS (If rural, give location) 8307 Elmore Avenue.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Faith Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) c. (Last) REIDT.			4. DATE OF DEATH (Month) (Day) (Year) 5-17-1953		
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH March 24, 1885.	9. AGE (In years last birthday) 68.	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Brighton, Illinois. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Phillip Bohn.		13b. MOTHER'S MAIDEN NAME (Unknown).		14. NAME OF HUSBAND OR WIFE Otto Reidt.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otto Reidt, 8307 Elmore Avenue.	

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		INTERVAL BETWEEN ONSET AND DEATH 8 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myeloid Leukemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio Vas Remd		18 mo.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Revised		20. AUTOPSY? <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X

22. I hereby certify that I attended the deceased from **Aug - 1951**, 19**51**, to **5-17**, 19**53**, that I last saw the deceased alive on **5-17**, 19**53**, and that death occurred at **9:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo J. Reilly, M.D.	23b. ADDRESS 730 Helianth	23c. DATE SIGNED 5-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/20/53.	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		

DATE REC'D BY LOCAL REG. MAY 18 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.,
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S.P. (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.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4010*.....

P. O. Address *St. Louis*.....

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.