

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

23110

FILED JUN 20 1953

Registrar's No. 5631

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

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) 12	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4233 Lafayette		d. STREET ADDRESS (If rural, give location) 17 4233 Lafayette	

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Elizabeth c. (Last) Reitter			4. DATE OF DEATH (Month) (Day) (Year) 6 4 53		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 11-23-69		9. AGE (In years, month, day) 83		10. IF UNDER 1 YEAR (Specify) 6 11	
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) Trenton, Illinois	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Ginzel Moritz		13b. MOTHER'S MAIDEN NAME Mary Blanck		14. NAME OF HUSBAND OR WIFE Lorenz Reitter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Reitter 4233 Lafayette	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Coronary Occlusion		DUE TO (b) Arteriosclerotic Heart Disease			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		CORONARY ARTERIO SCLEROSIS			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 June 4, 1953, to June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 5:50p m., from the causes and on the date stated above.

23a. SIGNATURE Vernon P. Adams M.D.		23b. ADDRESS 309 Whittier, City		23c. DATE SIGNED 6/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE June 6, 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory, St. Louis, Mo	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Truth Center Mortuary 402 4 Lindell			

DATE REC'D BY LOCAL REG. JUN 5 1953 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. (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
Student Embalmer

Signed

James Binkley

Licensed Embalmer No. _____

3653

P. O. Address _____

St Louis & New

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.