

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30357

State File No.

7290

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 <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Affton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 14</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Ernestine</u> c. (Last) <u>Reimund</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27, 1926</u>
9. AGE (In years last birthday) <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Biggers, Ark.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Sular McMurtrey</u>		13b. MOTHER'S MAIDEN NAME <u>Arline Tyler</u>	14. NAME OF HUSBAND OR WIFE <u>Allen W. Reimund</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-24-8156</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allen W. Reimund, Rt. 14, Affton, Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma sigmoid with metastasis thru abdomen.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>10-30-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma sigmoid</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>153X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-26-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>10-24-53</u> to <u>7-26-53</u> , that I last saw the deceased alive on <u>7-26-53</u> , and that death occurred at <u>4:35a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James A. Persen M.D.</u>		23b. ADDRESS <u>3907 Olive St</u>	
23c. DATE SIGNED <u>7-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-29-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Cash Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>	
<u>JUL 27 1953</u>			

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, ~~not by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. Remel*.....

Licensed Embalmer No. *428*.....

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.