

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41032

FILED NOV 25 1953

State File No.

318

1003

Registrar's No. 10367

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. CITY OR TOWN Clayton		4467		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) 6 days				e. STREET ADDRESS (If rural, give location) 6525 San Bonita Ave.					
3. NAME OF DECEASED (Type or Print) PAUL			a. (First) J		b. (Middle) REITH		c. (Last)		
4. DATE OF DEATH			(Month) Oct.		(Day) 30,		(Year) 1953		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 22, 1907		9. AGE (In years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY Seminary		11. BIRTHPLACE (City and State or Foreign Country) Concordia, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Fritz Reith			13b. MOTHER'S MAIDEN NAME Margaret Meier			14. NAME OF HUSBAND OR WIFE Alma Norden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alma Norden, 6525 San Bonita Ave.				
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) Fibrosarcoma right thigh - death metastasis.						67 mo	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)		21f. HOW DID INJURY OCCUR? 197X			
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"/>							
22. I hereby certify that I attended the deceased from 9/14, 1949, to 10/30, 1953, that I last saw the deceased alive on 10/30, 1953, and that death occurred at 2:30 P.m., from the causes and on the date stated above.									
23a. SIGNATURE Edward W. G. Bruski M.D.				23b. ADDRESS 3701 Brande St			23c. DATE SIGNED 10/31/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		24d. LOCATION (City, town, or county) (State) Concordia, Missouri			
DATE REC'D BY LOCAL REG. NOV 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.				

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

Dr. Edw. Czebrinski
12-3:30 P. M.
3701 Grandel Sq.

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. None working under my personal supervision..

Student None.....
Signature of Student Embalmer

Signed Delis J. Krupin.....
Licensed Embalmer No. 3497
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.