

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17276

State File No. _____

FILED MAY 17 1954

BIRTH NO. 33525-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4207

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUDOLF</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>REINER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1954</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEWBORN</u>	8. DATE OF BIRTH <u>MAY 10, 1954</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR <u>15</u> HRS. <u>3</u> MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>NEWBORN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Rudolf Adam Reiner</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE KRSTOCHIL</u>			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>+</u>		16. SOCIAL SECURITY NO. <u>+</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Lutheran Hospital - 2646 Polomae</u>		ADDRESS					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Premature Sep / Placenta</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776x</u>			
22. I hereby certify that I attended the deceased from <u>May 10th, 1954</u> , to <u>May 10th, 1954</u> , that I last saw the deceased alive on <u>May 10th, 1954</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>2875 S Grand</u>		23c. DATE SIGNED <u>5/10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>2. & U.G. 2929 S. Jefferson</u>			
DATE REC'D BY LOCAL REG. <u>MAY 11 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Harold C. Witt

Licensed Embalmer No. 434

P. O. Address 2929 S.

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.