

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29182**  
Registrar's No. **7240**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5931 CORONADO</b>		e. STREET ADDRESS (If rural, give location) <b>5931 CORONADO AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>	b. (Middle)	c. (Last) <b>REIF</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>SEPT 18 1876</b>	9. AGE (In years last birthday) <b>78</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAUNDRY WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>BROADWAY LAUNDRY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>HENRY REIF</b>	13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE MARENT</b>	14. NAME OF HUSBAND OR WIFE
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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. <b>497-01-8490</b>	17. INFORMANT'S SIGNATURE OR NAME <b>OLIVIA STEITZ</b>	ADDRESS <b>5931 CORONADO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <b>Carcinoma of breast</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>7-6-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Generalized carcinomatosis abdominal viscera</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR? <b>170X</b>
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22. I hereby certify that I attended the deceased from **June 1947** to **8-2 1954**, that I last saw the deceased alive on **8/1/54**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. J. Smith</b>	23b. ADDRESS <b>5203 Chippewa</b>	23c. DATE SIGNED <b>8/3/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>AUG. 5 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
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DATE REC'D BY LOCAL REG. <b>AUG 4 1954</b>	REGISTRAR'S SIGNATURE <b>J. J. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>	ADDRESS <b>2906 Beavois</b>
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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 *Samuel C. Hill* .....

Licensed Embalmer No. *434* .....

P. O. Address *2906 D* .....

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.