

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39153**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10336**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St Louis | | c. CITY OR TOWN St Louis | |
| c. LENGTH OF STAY (in this place) 3 yrs. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5624 Eichelberger | | STREET ADDRESS (If rural, give location) 5624 Eichelberger 2029 | |

| | | | | | |
|---|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Henry | | | b. (Month) Nov. (Day) 12, (Year) 1954 | | |
| b. (Middle) | | | c. (Last) Reiser | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Dec 31, 1870 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 0 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY Truck Gardner | | 11. BIRTHPLACE (City and State or Foreign Country) Highland, Ill. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Fredrick Reiser | | 13b. MOTHER'S MAIDEN NAME Marie -- | | 14. NAME OF HUSBAND OR WIFE Emma Reiser | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Reiser 5624 Eichelberger | |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cb cardio-Vascular Disease | | | |
| | ANTECEDENT CAUSES | | | |
| | DUE TO (b) Atherosclerosis | | ? | |
| | DUE TO (c) hypertension | | ? | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 443x | |

22. I hereby certify that I attended the deceased from **July 5, 1954**, to **Nov 12, 1954**, that I last saw the deceased alive on **Nov 9, 1954**, and that death occurred at **4:30 AM.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) J. H. Schumacher M.D. | | 23b. ADDRESS 6811 9 Gravois | | 23c. DATE SIGNED 11-14-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 11/15/54 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | |
| | | 24d. LOCATION (City, town, or county) (State) Afton Mo. | | Ans 141524 | |

| | | | | | |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. NOV 15 1954 | | REGISTRAR'S SIGNATURE Charles Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois | |
|--|--|--|--|---|--|

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 *Wald E. Benz*.....

Licensed Embalmer No. *486*.....

P. O. Address *7027*.....

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.