

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17363**

BIRTH NO. _____		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 500		Registrar's No. 1128	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Lemay, Mo.		c. LENGTH OF STAY (in this place) 2 1/2 yrs.		c. CITY OR TOWN Lemay 4870		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Lemay Nursing Home				STREET ADDRESS (If rural, give location) formerly 144 W. Etta			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Rein c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 17, 1955				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 10, 1886	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - at home		10b. KIND OF BUSINESS OR INDUSTRY none - Household		11. BIRTHPLACE (City and State or Foreign Country) Hungry		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Yeih		13b. MOTHER'S MAIDEN NAME Elizabeth Habling		14. NAME OF HUSBAND OR WIFE Jacob Rein			
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. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Rein 1548 Telegraph Rd. Lemay, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ac dilation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic cardio-vascular disease DUE TO (c) probable Co of lac cum				INTERVAL BETWEEN ONSET AND DEATH 2 hours second year ??	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221H				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-2-1952 , to 5/17, 1955 , that I last saw the deceased alive on 5/17, 1955 , and that death occurred at 945a m., from the causes and on the date stated above.							
23a. SIGNATURE Erwin A. Greutner M.D. (Degree or title)				23b. ADDRESS 751 Lemay Ferry Rd		23c. DATE SIGNED 5/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 5-20-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
DATE REC'D BY LOCAL REG. 5/18/55		REGISTRAR'S SIGNATURE Herbert R. Rombe, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 322 S. Grand, St. Louis, Mo.			

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

Dr. E. J. Cruikshank
752 Lemay Ferry
Pl 3-2224
Je 3-5858

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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 Hadley Koeller
Licensed Embalmer No. 49
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.