

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1955

State File No. 20346
Registrar's No. 5037

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2732 a Chippewa | | e. STREET ADDRESS (If rural, give location) 24 2732 a Chippewa | |

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|---|-----------------------|---|---|---|---------------------------------------|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) - Dulcie (rosemary) Reisinger | | | 4. DATE OF DEATH (Month) (Day) (Year) 6 9 55 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 20 1902 | 9. AGE (In years last birthday) 52 53 | IF UNDER 1 YEAR Months Days 2 9 | IF UNDER 24 HRS. Hours Min. - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|--|--|--------------------------------------|--|---|--|
| 13a. FATHER'S NAME John Chissel | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Michael Reisinger | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Michael Reisinger 2732a Chippewa | |

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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the uterus with generalized adenomatous</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) 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 <u>4 years</u> | |
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| 19a. DATE OF OPERATION <u>6/11/55</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the uterus</u> | | 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>174X</u> | |

I hereby certify that I attended the deceased from June 19 1955, to June 9, 1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

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| 22a. SIGNATURE <u>Wm Schumacher</u> (Degree or title) | | 22b. ADDRESS <u>3201 55th St St Louis</u> | | 23c. DATE SIGNED <u>6-4-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | | 24b. DATE <u>6/11/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo.</u> | | DATE REC'D BY LOCAL REG. <u>JUN 10 1955</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Schumacher 3013 Meramec</u> | |

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 *Jack Haupt*.....

Licensed Embalmer No. *47*.....

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.