

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38777
State File No. 10598

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 10598

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10598			
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. LENGTH OF STAY (in this place) 2 1/2 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital				e. STREET ADDRESS (If rural, give location) 18 3503a Vista Ave. 21870					
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) AUGUST		c. (Last) REISER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1955			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 3, 1874			
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY Paint Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) Madison County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenance man		10b. KIND OF BUSINESS OR INDUSTRY Paint Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) Madison County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Martin Reiser			13b. MOTHER'S MAIDEN NAME Juliana unknown			14. NAME OF HUSBAND OR WIFE Sophie Tino Reiser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-09-6171		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sophie Reiser, 3503a Vista Ave.					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurysm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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? 451x							
22. I hereby certify that I attended the deceased from _____ 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:34 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James M. Kelly Deputy Registrar				23b. ADDRESS 1300 Blank		23c. DATE SIGNED 12-3-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Dec. 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Worden, Illinois		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. DEC 3 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 43

P. O. Address _____

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.