

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11949**
Registrar's No. **687**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

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) OR TOWN RURAL FLORISSANT (ST. FERDINAND)		c. CITY OR TOWN FLORISSANT	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 21 yrs.		e. STREET ADDRESS (If rural, give location) HOWDERSHELL RD., ST. STANISLAUS SEMINARY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. STANISLAUS SEMINARY			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) N. c. (Last) REITZNER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 10, 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 17, 1887	9. AGE (in years) last birthday 68	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) RELIGIOUS BROTHER		10b. KIND OF BUSINESS OR INDUSTRY JESUIT RELIGIOUS ORDER		11. BIRTHPLACE (City and State or Foreign Country) WISCONSIN		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME JOHN P. REITZNER	13b. MOTHER'S MAIDEN NAME THERESA DEIMER	14. NAME OF HUSBAND OR WIFE NONE
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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) YES WW I.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME REV. W. P. THRO, S.J.	ADDRESS FLORISSANT, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 Hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis		1 Hr.
	DUE TO (c) Arteriosclerotic Heart Disease		Several years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis, generalized		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **January 17, 1956** to **March 10, 1956** that I last saw the deceased alive on **Feb. 28, 1956**, and that death occurred at **7:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert S. Hughes M.D.	23b. ADDRESS Creve Coeur, Mo.	23c. DATE SIGNED 3/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-14-1956	24c. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS SEMINARY CEM.	24d. LOCATION (City, town, or county) (State) FLORISSANT, Mo.
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DATE REC'D BY LOCAL REG. 3-12-56	REGISTRAR'S SIGNATURE Richard R. Donahue M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gene A. Hutchins	ADDRESS FLORISSANT, Mo.
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(License & Embalmer's Statement on Reverse Side)

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.....
Gene A. Hutchins

Licensed Embalmer No. *49*

P. O. Address *FLORISSA*

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.