No. 300
No. 48

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

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18509

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4423

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay 4870
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 140 W. Ripa Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): C.
c. (Last): Reiser

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 9, 1877
9. AGE (In years last birthday): 78 — 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): Grocer
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Reiser
13b. MOTHER'S MAIDEN NAME: Catherine Rizer
14. NAME OF HUSBAND OR WIFE: Christina Nieder Resier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494 24 1274
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Joseph Reiser Rt.1, Box 97 Fenton, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of the Lung (Rt.) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — "
DUE TO (c) Cerebral Metastases — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile Dementia 163X — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ~~1-6-23~~
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/8, 1954, *to* 5/6, 1956, *that I last saw the deceased alive on* 5/5, 1956, *and that death occurred at* 9 A.M m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B Ladd (Degree or Title) MD
23b. ADDRESS: 7430 Virginia Ave
23c. DATE SIGNED: 5/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 8, 1956
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery.
24d. LOCATION (City, town, or county) (State): Lemay, Missouri

DATE REC'D BY LOCAL REG.: MAY 7 1956
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: C. Hoffmeister U. & L. Co. 7814 So. Broadway St. Louis, Mo.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Scheem ad

Licensed Embalmer No. 267

P. O. Address 7814 S. Bro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.