

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22079**
Registrar's No. **5640**

FILED JUN 25 1956

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 days) 4 Days	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern			e. STREET ADDRESS (If rural, give location) 2 5450 Nagel 2029 0		
3. NAME OF DECEASED (Type or Print) MARGARETA	a. (First)	b. (Middle) *ORSAN	c. (Last) REITZ	4. DATE OF DEATH (Month) (Day) (Year) 6-11-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 5-1-1882	9. AGE (In years) (Month) (Day) (Hour) (Min.) 74 1 1	IF UNDER 1 YEAR If UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (City and State or Foreign Country) Austria 4		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Orsan		13b. MOTHER'S MAIDEN NAME Margaret Potenz		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY None	17. INFORMANT'S SIGNATURE OR NAME John Reitz	ADDRESS 5450 Nagel		
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) Bilateral Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardis - Vascular Disease, Compensated				INTERVAL BETWEEN ONSET AND DEATH 7 Day
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from 6/7 1956 to 6/11 1956 , that I last saw the deceased alive on 6/11 1956 , and that death occurred at 8:05 PM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward W. Gzibrinski M.D.			23b. ADDRESS 3701 Cranford by		23c. DATE SIGNED 6/13/56
24a. BURIAL, CREMATION, FURNIVAL (Specify)	24b. DATE 6-14-1956	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cen.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. JUN 13 1956	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 SO Grand Blvd		

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.....

George J. Ingbermuel

Licensed Embalmer No. 461

P. O. Address *Jan 18 1918*

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.