

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29034

FILED SEP 6 1956

Registration District No. 318

318

Primary Registration District No. 1003

1003

STATE FILE NUMBER

2739

Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Disease, cancer, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Hoate 4909 Lindenwood

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			b. COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN St. Louis						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri-Pacific Hospital			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) 4235 Eichelberger Ave						
3. NAME OF DECEASED (Type or print) JOHN			First Middle Last RIBBS			4. DATE OF DEATH 8-19-1956						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-29-1885		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leather Worker			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (City and state or country) Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Henry Reiss					14. MOTHER'S MAIDEN NAME Unknown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 488-10-0972		17. INFORMANT Veda Reiss			Address 4235 Eichelberger Ave				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of sigmoid Colon with metastasis to brain and rt. lung								INTERVAL BETWEEN ONSET AND DEATH 3 mo				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) terminal bronchopneumonia								DUE TO (c)		3 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY - Hour, Month, Day, Year a. m. p. m.			153X									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from April 1956 to Aug 19 1956 and last saw him alive on 8/19/56 . Death occurred at 7:00 p. m. on the date stated above; and to the best of my knowledge, from the cause stated.												
22a. SIGNATURE Claud Hoate MD					22b. ADDRESS 4909 Lindenwood			22c. DATE SIGNED 8/20/56				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-22-1956		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery				23d. LOCATION (City, town, or county) (State) McKenzie Rd and Hi. 66 Mo				
24. FUNERAL DIRECTOR J. E. Gerber					ADDRESS 6409 Gravia Ave			25. DATE RECD. BY LOCAL REG. AUG 21 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

S.P.

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 *John S. Henne*.....
Licensed Embalmer No. *411*
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.