S. No. 300
Rev. 10.48

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

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11593

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 528

1. PLACE OF DEATH
a. COUNTY: St.Louis 4001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pine Lawn 4
c. LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 37 Shamrock Nursing Home 20 19
e. STREET ADDRESS (If rural, give location): 5707 Leona Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residences before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

3. NAME OF DECEASED (Type or Print)
a. (First): ELISA
b. (Middle): L.
c. (Last): REINDLEY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1957

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Aug. 25, 1872
9. AGE (In years last birthday): 84 yrs. — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Philip Stueck
13b. MOTHER'S MAIDEN NAME: Margaretha Ehret
14. NAME OF HUSBAND OR WIFE: Henry C. Reindley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 489-14-0178D
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Homer F. Reindley, 5707 Leona St.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

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.* Arteriosclerotic dementia — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 4200

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* April 28, 1956, *to* Feb 25, 1957, *that I last saw the deceased alive on* Feb 18, 1957, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Littmann MD
23b. ADDRESS: 8231 Clayton Rd (17)
23c. DATE SIGNED: 2/26/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-27-57
24c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis, Missoui

DATE REC'D BY LOCAL REG.: 2/26/57
REGISTRAR'S SIGNATURE: Hubert R. Dunbar
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: BEIDERWIEDEN F.H. INC., 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lewis E. Lippmann,
8231 Clayton Rd.
Phone - PA 7-0202
Hours - 3-5 PM.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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