

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11683**

FILED MAR 29 1957

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **207**

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 Ellisville		c. CITY OR TOWN Ellisville 4000	
c. LENGTH OF STAY (in this place) 9 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 100		e. STREET ADDRESS (If rural, give location) Highway 100	

3. NAME OF DECEASED (Type or Print)	a. (First) Hubert	b. (Middle) Fred	c. (Last) Reinecke	4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18., 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fred Reinecke	13b. MOTHER'S MAIDEN NAME Mary Hoffner	14. NAME OF HUSBAND OR WIFE Matilda Reinecke
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Matilda Reinecke, Ellisville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION -		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE		
	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) ASTHMA		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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) 4200
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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?
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22. I hereby certify that I attended the deceased from **APR 25**, 19**56**, to **DEC 15**, 19**56**, that I last saw the deceased alive on **MAR. 12**, 19**57**, and that death occurred at **6 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E Meyer MD	23b. ADDRESS BALLWIN, Mo	23c. DATE SIGNED MAR. 15, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/17/57	24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery,	24d. LOCATION (City, town, or county) (State) Ellisville, Mo.
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DATE REC'D BY LOCAL REG. 3/16/57	REGISTRAR'S SIGNATURE Herbert A. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.
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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 *Richard Bopp*.....

Licensed Embalmer No. *4584*

P. O. Address *Ballerwin, Mo.*

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.