

Health, Welfare and Public Service
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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All persons who are only partially sane or insane must be certified to a death due to natural causes.
 (USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE)

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26488
 STATE FILE NUMBER
 6285

FILED AUG 1 - 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 6285

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			c. CITY OR TOWN Jefferson Barracks		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Card. Glennon Hosp.			d. STREET ADDRESS 2810 Arnold		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARK			4. DATE OF DEATH July 5 1957		
5. SEX male			6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>
8. DATE OF BIRTH Sept 12, 1954			9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Jake Reiner		
14. MOTHER'S MAIDEN NAME Marguerite Petry			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. none			17. INFORMANT Jake Reiner 2810 Arnold		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neuroblastoma of left adrenal with widespread metastases					INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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. none					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 March 1957 to July 5, 1957 and last saw him him alive on July 4, 1957 Death occurred at 8:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James P. King (Degree or title) M.D. M.D.			22b. ADDRESS 1465 So. Grand		22c. DATE SIGNED July 5, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7/6/1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Mo.					
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois			25. DATE RECD. BY LOCAL REG. JUL 6 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith MO

(Licensed Embalmer's Statement on Reverse Side)

No. 1011
St. Louis

St. Louis

8810 Arnold

Card. Glennon Road

2001 St. Louis, Mo.

White

Marguerite Betty

Jake Reiner

Jake Reiner 8810 Arnold

NO-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *E.P. Kidwell*

Licensed Embalmer No. 387

P. O. Address 7027 Gra

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

I I Embalmer in a zone 7027 Gra