

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1957

State File No. ....

318

1003

6317

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).  
a. STATE Mo b. COUNTY St Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis

c. CITY OR TOWN Frontenac

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Dept of Hosp.

e. STREET ADDRESS (If rural, give location) 10435 German Blvd

3. NAME OF DECEASED (Type or Print) a. (First) Anthony

b. (Middle) \_\_\_\_\_ c. (Last) Reudin

4. DATE OF DEATH (Month) (Day) (Year) July 6 57

5. SEX M

6. COLOR OR RACE H

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH Jan 25-1887

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 70 5 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City of Clayton Park Dept.

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) St Louis

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME Agnes Heinke

14. NAME OF HUSBAND OR WIFE Rosa Mary Reudin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 499-01-9120A

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Rosa Reudin 10435 German Blvd

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Pancreas

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. 157x

INTERVAL BETWEEN ONSET AND DEATH 6 mo

19a. DATE OF OPERATION 5-16-57

19b. MAJOR FINDINGS OF OPERATION Mass in body of Pancreas, metastases to liver, regional nodes, microcalcification

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

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 4-21-57 19, to 7-6-57, 19, that I last saw the deceased alive on 7-5-57, 19, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 100 No Euclid

23c. DATE SIGNED 7-8-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 9

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. JUL 8 57

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Louis N. Bopp da Kirk

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

*Albert Mayfield*

Licensed Embalmer No. 307

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.