

300
7-55

doctor, coroner, 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

STANDARD CERTIFICATE OF DEATH

34885

FILED SEP 23 1957

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 541 Registrar's No. 2121

1. PLACE OF DEATH a. COUNTY St. Louis,			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fenton, 4000		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co. Hosp. D.O.A.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Highway #30		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER Middle T. Last REILMAN			4. DATE OF DEATH Month Aug. Day 25, Year 1957		
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 June 1, 1916	9. AGE (In years last birthday) 41 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) Business Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Ernst & Ernst Acct.		11. BIRTHPLACE (City and state or country) Breese, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME BEN. H. REILMAN		
14. MOTHER'S MAIDEN NAME ADELINE SCHLORMAN			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W. #2		
16. SOCIAL SECURITY NO. 489-10-6156			17. INFORMANT Address Ben. H. Reilman - R.R. #2 Box 10 Baldwin,		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial injury as a direct result of aircraft crash 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(n)					19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Pilot of plane which crashed when ground visibility due to fog was approximately 50 feet		
20c. TIME OF INJURY Hour 8:55 a. m. XX Month, Day, Year 8/25/57			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg., etc.) public road between		
20e. CITY, TOWN, OR LOCATION Valley Park & Kirk-wood			20f. COUNTY St. Louis STATE Mo.		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Raymond H. Haid Coroner			22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 8/30/57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE Aug. 29, 1957	23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) St Louis County, Mo.
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 8-26-57	26. REGISTRAR'S SIGNATURE Herbert B. Donike		

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 W. Storosa

Licensed Embalmer No. 40

P. O. Address

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.