

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42502
STATE FILE NUMBER
10883

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 10883

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		a. STATE Missouri b. COUNTY Jefferson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY OR TOWN Crystal City	
Length of stay in lb		d. STREET ADDRESS 400 Eighth Street	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Edgar	Middle A	Last Reich	4. DATE OF DEATH	Month Nov	Day 11	Year 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1900	9. AGE (In years last birthday) 57-1-2	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent	10b. KIND OF BUSINESS OR INDUSTRY Prudential Ins. Co	11. BIRTHPLACE (City and state or country) St. Genevieve, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME William Reich	14. MOTHER'S MAIDEN NAME Anna Gettinger
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-09-9813	17. INFORMANT Address Mo. Mayme Reich, 400 8th., St. Crystal City
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs 4 yrs
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"/>

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.) 154X
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20c. TIME OF INJURY Hour Month, Day, Year	
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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
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21. I attended the deceased from 10/30/57 to 11/7/57 and last saw her alive on 11/6/57
Death occurred at 1:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Frede Mortensen, M.D.</u>	22b. ADDRESS <u>3701 Grandel Square</u>	22c. DATE SIGNED <u>11/13/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-14-57	23c. NAME OF CEMETERY OR CREMATORY Catholic	23d. LOCATION (City, town, or county) (State) Festus-Crystal City, Mo.
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24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo	25. DATE RECD. BY LOCAL REG. NOV 14 57	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>
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(Licensed Embalmer's Statement on Reverse Side)

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 3 1957

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.....
H. W. Weyand

Licensed Embalmer No. 301

P. O. Address Fertus

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.