

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3483

State File No. \_\_\_\_\_

1386

Registrar's No. \_\_\_\_\_

FILED FEB 14 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>Pine Knobville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>32 TWP. 53</u> <span style="float: right;">812 9</span>	
3. NAME OF DECEASED a. (First) <u>VALERIA</u> b. (Middle) <u>A.</u> c. (Last) <u>Reel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 4 58</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-19-1904</u>
9. AGE (In years last birthday) <u>53</u>		10. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EVANSVILLE, ILL.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John BRAUN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET Schoenberger</u>	
14. NAME OF HUSBAND OR WIFE <u>Steve</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Steve Reel</u> ADDRESS <u>Pineknobville, Ill</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic aneurysm</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> 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. <u>200.1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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?		22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>54</u> , to <u>Feb</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>58</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Martin W. Davis, MD</u> (Degree or title)		23b. ADDRESS <u>539 N G Road</u>	
23c. DATE SIGNED <u>2/5/58</u>		24. LOCATION (City, town, or county) (State) <u>Pineknobville ILL</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-6-58</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL HEALTH DEPT. <u>Feb 6 58</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u> <u>M. J. B.</u> (Licensed Embalmer's Statement on Reverse Side)	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Pyatt Funeral Home</u>		ADDRESS <u>Pineknobville Ill</u>	

**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..... *Kenn Chodoff*

Licensed Embalmer No. *4356*

P. O. Address *St Louis 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.