

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015651

STATE FILE NUMBER

FILED APR 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4046

300
1-5
Dr. Reich 5633 S. Kings Highway
Pl. 2-2456

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Length of stay in lb 20 2/3		STREET ADDRESS (If outside, give location) 4770 Milentz Ave	
3. NAME OF DECEASED (Type or print) First ALOIS Middle CHRISTIAN Last		4. DATE OF DEATH Month 4 Day 10 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-24-1871	9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months 4 Days 10 Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Beer Bottler		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Inc		11. BIRTHPLACE (City and state or country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Franz Christian		13b. MOTHER'S MAIDEN NAME Anna Marie Mueller	
14. NAME OF HUSBAND OR WIFE		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. 488-18-6410	
17. INFORMANT Henry Christian		Address 6322 Henry Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident				INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease				5 yrs	
DUE TO (c) Atrial Fibrillation				2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour 10 Month, Day, Year 10-10-58 a.m. 10:00 p.m.					
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 10-10-1958 to 4-10-58 and last saw her alive on 4-10-58 Death occurred at 4-10-58 10:00 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Darryl Reich MD		22b. ADDRESS 5633 S. Kings Highway		22c. DATE SIGNED 4-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-14-1958		23c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul	
23d. LOCATION (City, town, or county) 7030 Gravois Ave		23e. STATE Mo			
24. FUNERAL DIRECTOR Frederick Bros		ADDRESS 6409 Gravois Ave		25. DATE RECD. BY LOCAL REG. APR 12 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Van M. Sigmon*

Licensed Embalmer No. *4343*
P. O. Address *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.