

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020065
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5435**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson		
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 Crystal City 0501		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Irmin Desloge Hospital			Length of stay in lb		d. STREET ADDRESS 212 Chestnut St.
3. NAME OF DECEASED (Type or print) First ADELINE Middle REILLY Last REILLY			4. DATE OF DEATH Month MAY Day 23 Year 1958		
5. SEX Female	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 Nov. 25, 1872		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Private Home		11. BIRTHPLACE (City and state or country) Zelle, Mo.	
13. FATHER'S NAME Anton Ehler			14. MOTHER'S MAIDEN NAME Unknown		
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. None		17. INFORMANT Ralph A. Reilly, 2710 So. Grand	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): MYOCARDIAL INFARCT hypertensive cardiovascular disease DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201				INTERVAL BETWEEN ONSET AND DEATH 6 HOURS YEARS	
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.) 4201			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from May 21, 1958 to May 23, 1958 and last saw ^{her} him alive on May 22, 1958 . Death occurred at 254 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE N. J. Oltropauer M.D.			22b. ADDRESS 1325 S. Grand		22c. DATE SIGNED May 23, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-23-58		23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	
23d. LOCATION (City, town, county) Ste. Genevieve, Mo.			23e. (State) Mo.		
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. MAY 23 '58		26. REGISTRAR'S SIGNATURE Carl Smith

(Licensed Embalmer's Statement on Reverse Side)

with, public services, 000-56, 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

State of Ohio

Department of Health

Division of Health Services

Certificate of Death

Number of Certificate

Name of Deceased

Sex

Age

Residence

Place of Death

Cause of Death

Time of Death

Signature

Date

State of Ohio

Department of Health

Division of Health Services

Page

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 *[Handwritten Signature]*
Licensed Embalmer No. *410*

P. O. Address *[Handwritten 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.