

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038148

STATE FILE NUMBER

FILED OCT 30 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10050

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 5948 a Loughborough		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 215^c 4758 Minnesota		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Katherine Reinhold			4. DATE OF DEATH Month Day Year oct. 19, 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 Aug. 3, 1868		9. AGE (In years (birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Gutting		13b. MOTHER'S MAIDEN NAME Barbara Ruffle		14. NAME OF HUSBAND OR WIFE Julius L.	
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 Address JULIA Miller 4758 Minnesota	
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 hemorrhage				INTERVAL BETWEEN ONSET AND DEATH few months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)		DUE TO (c)		331x	
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.)			
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 1950 to 1958 and last saw her alive on 10/19/58 Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ralph Berg MD (Degree or title)			22b. ADDRESS 3203 S Graw		22c. DATE SIGNED 10/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 23, 1958		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		24. FUNERAL DIRECTOR ADDRESS Schumacher's 3013 Meramec St.		25. DATE RECD. BY LOCAL REG. OCT 22 1958	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>m.j.B.</i>					

DR. BERG

3203 GRAND

2:30 Te 6:00

1923

Heinhold

Katherine

OR

Apr. 3, 1928

x

Miss

Thomas

U.S.A.

St. Louis, Missouri

Hennepin

Julius A.

Barbara Miller

Gutting

4552 Minnesota

Julia Miller

None

Mo

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 Jack Haupt Licensed Embalmer No. 4746 P. O. Address St. 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.