

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019552

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. _____

Primary Registration District No. _____

Registrar No. _____

4700

300

1-57

892

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>ST. LOUIS</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <i>1501 S 12TH ST.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <i>NORA</i> Middle Last <i>REEVE</i> | | | 4. DATE OF DEATH Month <i>MAY</i> Day <i>11</i> Year <i>1959</i> |
| 5. SEX <i>FEMALE</i> | 6. COLOR OR RACE <i>WHITE</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>AUG 5, 1888</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <i>70</i> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. |
| 11. BIRTHPLACE (City and state or country) <i>CLEVELAND, OHIO</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | |
| 13a. FATHER'S NAME <i>LOUIS SCHALLY</i> | | 13b. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i> | 14. NAME OF HUSBAND OR WIFE <i>DECEASED</i> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | | 16. SOCIAL SECURITY NO. <i>NONE</i> | 17. INFORMANT Address <i>ALFRED ABECKERLE 5912 STALEY</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>331x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>8:00A</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Regina Ziegenhein</i> (Degree or title) <i>3</i> | | 22b. ADDRESS <i>1300 Elsie</i> | 22c. DATE SIGNED <i>5/14/59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i> | 23b. DATE <i>5/14/1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>LAKEWOOD PARK CEM</i> | 23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO., MO.</i> |
| 24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i> | | 25. DATE RECD. BY LOCAL REG. <i>MAY 14 '59</i> | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> <i>mjb</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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 *Donald E. Benji*
Licensed Embalmer No. *4462*
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.