...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-042396

STATE FILE NUMBER

...MENDED

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 210488

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A CITY HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY

c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 2815a SHENANDOAH — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EDWIN — Middle W. — Last REICKENBACKER SR.

4. DATE OF DEATH: Month NOV — Day 13 — Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: AUG 19 1901

9. AGE (last birthday): 58

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED BURGLAR ALARM MAN.

10b. KIND OF BUSINESS OR INDUSTRY: MERCHANTS CO

11. BIRTHPLACE (City and state or country): MISSOURI

12. CITIZEN OF WHAT COUNTRY: U-S-A

13a. FATHER'S NAME: JOSEPH REICKENBACKER

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: ELLA REICKENBACKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 498-05-5101

17. INFORMANT: ELLA REICKENBACKER — Address: 2815a SHENANDOAH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Status Asthmaticus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized Arteriosclerosis

DUE TO (c): 241X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 ____ and last saw her/him alive on ____

Death occurred at 135P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul J Simon Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 11/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: NOV 16 1959

23c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS

23d. LOCATION (City, town, or county) (State): ST. LOUIS MO

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: NOV 14 1959

26. REGISTRAR'S SIGNATURE: Karl Smith. M.D. Acm

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.