

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS FEB 25 1960**

~~60-008770~~  
STATE FILE NUMBER  
**60-008770**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **2 1815**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>	Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Faith Hospital</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5207 Robin Ave.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print) <b>Jo Ann Reiter</b>	First Middle Last	<b>4. DATE OF DEATH</b> <b>Feb. 15, 1960</b>	Month Day Year
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11/26/31</b>	<b>9. AGE (last birthday)</b> <b>28</b>	<b>IF UNDER 1 YEAR</b> Months <b>2</b> Days <b>19</b>	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Waitress</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Lemmon's Rest.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Ora Cattron</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Alice</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edward C.</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>489-32-8417</b>	<b>17. INFORMANT</b> <b>Edward C. Reiter 5207 Robin Ave.</b>	Address
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>metastatic melanoma</b>	INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Melanoma of Rt Shoulder</b>	<b>4 yrs</b>
DUE TO (c)	

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ s.m. _____ p.m. _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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**21. I attended the deceased from** **Nov 1955** to **Feb 1960** and last saw her <sup>her</sup> <sub>him</sub> **live on** **Feb 15, 1960**  
Death occurred at **6:55 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <b>M.A. Casel</b>	(Degree or title) <b>MD</b>	<b>22b. ADDRESS</b> <b>3400 N. Kingshighway</b>	<b>22c. DATE SIGNED</b> <b>2/16/60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>2/18/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Bethany Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> <b>Chas. F. Stuart 1225 Union Bl.</b>	ADDRESS	<b>25. DATE RECD. BY LOCAL REG.</b> <b>FEB 16 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Earl Smith, M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*mrb*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Flarence M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Louis 23. Mo.

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