URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960

-60-024891
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6743

NDED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO — Length of stay in 1b: 1 WEEK	c. CITY OR TOWN ST. LOUIS — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP, #1 — Inside Limits: Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location) 7728 SO. BROADWAY — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: MATILDA	Middle: (TILLIE)	Last: REINHOLZ	4. DATE OF DEATH	Month: JULY	Day: 1,	Year: 1960
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 2/11/1889	9. AGE (last birthday): 71	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): HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: JOSEPH FANGER	13b. MOTHER'S MAIDEN NAME: LUCY BASS	14. NAME OF HUSBAND OR WIFE: WALTER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE	16. SOCIAL SECURITY NO.: 499 26 2512A	17. INFORMANT: HENRY DEBACHER	Address: 8322 SO BROADWAY ST. LOUIS				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Right Middle Cerebral Artery Thrombosis

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

DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c) 332x

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 6/24/60, to 7/1/60 and last saw her/him alive on 7/1/60

Death occurred at 1:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: David L. Beato, M.D. (Degree or title)	22b. ADDRESS: 1515 LAFAYETTE AVE	22c. DATE SIGNED: 7/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: JULY 7, 1960	23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MISSOURI

24. FUNERAL DIRECTOR: C. HOFFMEISTER MORTUARIES — ADDRESS: ~~7814 SO. BROADWAY, ST. LOUIS, MO.~~	25. DATE RECD. BY LOCAL REG.: JUL 5 1960	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MGB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L Denn

Licensed Embalmer No. 4194

P. O. Address St. Loui

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