RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

60-029119
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2119

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Creve Couer — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 312 Spoede Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Jacob; Middle; Last Reisinger

4. DATE OF DEATH: Month July; Day 15; Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/25/1879

9. AGE (last birthday) 80 — 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

10b. KIND OF BUSINESS OR INDUSTRY Military Service

11. BIRTHPLACE (City and state or country) EVANSVILLE, Indiana

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

13a. FATHER'S NAME Fred Reisinger

13b. MOTHER'S MAIDEN NAME MARY BINGIMER

14. NAME OF HUSBAND OR WIFE Mamie Reisinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) 11/1/1920 to 1922

16. SOCIAL SECURITY NO. 308-22-5297

17. INFORMANT Mamie Reisinger, 312 Spoede Rd. Address Creve Couer, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility, Diverticulitis colon
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 July 1959, to July 15, 1960 and last saw her/him alive on July 14, 1960
Death occurred at 2:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph D Finnegan M. D.

22b. ADDRESS 634 N Euclid

22c. DATE SIGNED July 15, 1960

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

23b. DATE 7/16/60

23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery

23d. LOCATION (City, town, or county) (State) Evansville, Indiana

24. FUNERAL DIRECTOR Pfitzinger Mort., ADDRESS Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG. 7-15-60

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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