

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS			Length of stay in 1b		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2833^e WYOMING			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2833^e WYOMING		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNETTE Middle MARY Last REITHER				4. DATE OF DEATH Month JAN Day 14 Year 1961			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 16, 1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPERATOR			10b. KIND OF BUSINESS OR INDUSTRY KNAPP MONARCH		11. BIRTHPLACE (City and state or country) WATERLOO ILL		12. CITIZEN OF WHAT COUNTRY U-S-A
13a. FATHER'S NAME ANTON MAVERS			13b. MOTHER'S MAIDEN NAME LENA BITTNER		14. NAME OF HUSBAND OR WIFE HERMAN REITHER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Address EARL REITHER 4980^e ARSENAL ST.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			Acute Cardiac Distention				1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) General Carcinomatosis				45 days
			DUE TO (c) Carcinoma Intestine primary				3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocarditis Chr. 153.9					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	Month, Day, Year		—				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 January 10-1961 to Jan. 14-61 and last saw her/him alive on Jan. 10-1961 Death occurred at 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Irwin Laucke, M.D. (Degree or title)				22b. ADDRESS 2767 Gravois St. St. Louis 18 Mo		22c. DATE SIGNED 1-16-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JAN 17, 1961	23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL CEM. WATERLOO		23d. LOCATION (City, town, or county) ILL.		(State)
24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois			25. DATE RECD. BY LOCAL REG. JAN 16 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

at 3-15 Monday

DR 6-0310

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 James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Du

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.