

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023575

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1758

AMENDED

FILED JUL 5 1961

DATE AMENDED

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Length of stay in 1b 3 WKS.	c. CITY OR TOWN CONCORD VILLAGE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10910 MUELLER RD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR JACOB REIMUND			4. DATE OF DEATH Month Day Year June 21, 1961			
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5. SEX MALE	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 5-11-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDNER	10b. KIND OF BUSINESS OR INDUSTRY MAY NURSERY	11. BIRTHPLACE (City and state or country) ST LOUIS Co, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME HENRY REIMUND	13b. MOTHER'S MAIDEN NAME CATHERINE SASS	14. NAME OF HUSBAND OR WIFE FLORA REIMUND
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 	17. INFORMANT FLORA REIMUND Address 10910 MUELLER RD.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspirational asphyxia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coarctation	
	DUE TO (c) Multiple chronic osteomyelitis + abscess	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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
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21. I attended the deceased from **May 29, 1961** to **June 21, 1961** and last saw ^{her}him alive on **June 21, 1961**
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. P. Howell MD	22b. ADDRESS 601 S. Brentwood Bl.	22c. DATE SIGNED 6/22/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-24-61	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE	23d. LOCATION (City, town, or county) (State) LEMAY Mo.
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24. FUNERAL DIRECTOR ADDRESS FEY FUNERAL HOME MEHLVILLE, Mo 6-23-61	25. DATE RECD. BY LOCAL REG. 	26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Dutube

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.