

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034829
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8294

AMENDED FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>			Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony's Hosp. D.O.A.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5045 Gerritt</u>	
3. NAME OF DECEASED (Type or print) First <u>HENRY.</u> Middle <u>A.</u> Last <u>RELLSTAB.</u>		4. DATE OF DEATH Month <u>SEPT.</u> Day <u>4</u> Year <u>1961</u>					
5. SEX <u>M.</u>	6. COLOR OR RACE <u>CAU</u>	7. Married, <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/30/1908</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SMOKE INSPECTOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CITY - ST. LOUIS</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALBERT RELLSTAB</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE MASSLER</u>			14. NAME OF HUSBAND OR WIFE <u>GRACE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>GRACE RELLSTAB 5045 GERRITT</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> Conditions, if any, which have risen above cause (a), during the underlying cause last. DUE TO (b) <u>CORONARY ARTERY DISEASE</u> DUE TO (c) <u>420.1</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>1 yr.</u>
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. <input type="checkbox"/> Yes <input 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 <u>3/18/60</u> to <u>9/4/61</u> and last saw ^{her} _{him} alive on <u>6/19/60</u> Death occurred at <u>5:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Charles B. ...</u>				22b. ADDRESS <u>7430 VIRGINIA Ave</u>			22c. DATE SIGNED <u>9/5/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL.</u>		23b. DATE <u>9/7/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET-BURIAL-PARK</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
24. FUNERAL DIRECTOR <u>St. HUMACHER FUNERAL HOME 3013 MERAMEC</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 6 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

593

10-30
10-23-40

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 Jack Haupt
Licensed Embalmer No. 4746

P. O. Address St. Louis

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.