

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038157

AMENDED

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 268

FILED NOV 15 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Woodland Park | | Length of stay in 1b 2 Years | c. CITY OR TOWN Woodland Park |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION # Box 310 # 6 Woodland Park | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS Box 310 (If outside, give location) # 6 Woodland Park |
| 3. NAME OF DECEASED (Type or print) First CONRAD Middle REITZ Last REITZ | | 4. DATE OF DEATH Month November Day 5th, Year 1961 | |
| 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 April 2, 1896 |
| 9. AGE (last birthday) 65 | | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machine Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Feed Mill | 11. BIRTHPLACE (City and state or country) Washington County, Ill |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME George Reitz | |
| 13b. MOTHER'S MAIDEN NAME Margaret Sauerwein | | 14. NAME OF HUSBAND OR WIFE Eleanor Reitz | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 17. INFORMANT Address Eleanor Reitz, Box 310, #6 Woodland Park | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EVIDENT NATURAL CAUSES DUE TO (b) (STATEMENT OF DR. G. KISTER STATES PROBABLE CORONARY) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | 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. <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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Marcella Wilson R. Reg | | 22b. ADDRESS 902 Holly St. Charles, Ill | 22c. DATE SIGNED 11/6/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor | 23b. DATE 11-7-61 | 23c. NAME OF CEMETERY OR CREMATORY Marissa Cemetery | 23d. LOCATION (City, town, or county) (State) Marissa, Illinois |
| 24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri | | 25. DATE RECD. BY LOCAL REG. Nov-6-61 | 26. REGISTRAR'S SIGNATURE Marcella Wilson |

NOV 17 1961

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 9

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.