MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-040647

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10553

FILED NOV 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DOA Alexian Bros. Hosp. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Mehville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 815 Victory Drive — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ROY Middle JOSEPH Last REITZ

4. DATE OF DEATH: Month November Day 1 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3/29/1914
9. AGE (last birthday): 48 yrs. — 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): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Meat Prod.
11. BIRTHPLACE (City and state or country): St. Louis Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frederick Reitz
13b. MOTHER'S MAIDEN NAME: Catherine Strothkamp
14. NAME OF HUSBAND OR WIFE: Mrs. Lucille Newton Reitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Lucille Reitz, Address: 815 Victory Drive (25)

18. CAUSE OF DEATH (Enter only one cause per line fo
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): A. S.
DUE TO (c): 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): R.H.D. Inactive c̄ Mitral Stenosis

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 [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year None None
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] None
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
20f. CITY, TOWN, OR LOCATION: None — COUNTY — STATE

21. I attended the deceased from 2-13-61, to 10-30-62 and last saw him alive on 10-30-62
Death occurred at 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert E. Fox MD
22b. ADDRESS: 4161 Lindell Blvd
22c. DATE SIGNED: 11-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov. 3, 1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Beiderwieden F.H.Inc., 1936 St. Louis(6)
25. DATE RECD. BY LOCAL REG.: NOV 3 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

1-6

Dr. Robert E. Fox
4161 Kimball
Oct 2-1917

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 Homer H. Fritz

Licensed Embalmer No. 3882

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.