

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044772
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10635**

FILED NOV 19 1962

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 <u>218</u>	
3	
4 <u>1</u>	
5 <u>2</u>	
6	
7 <u>1</u>	
8 <u>2</u>	
9	
10	
11	
12 <u>76</u>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 <u>3yr. 183days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chronic Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4510a Manchester</u>	
3. NAME OF DECEASED (Type or print) <u>Luella Maude</u>		4. DATE OF DEATH Month <u>11</u> Day <u>5</u> Year <u>62</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/10/1881</u>	
9. AGE (last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Health Center Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Anselm Meyers</u>		13b. MOTHER'S MAIDEN NAME <u>Alice ?</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Reisenleiter, Dec'd.</u>		Address <u>Mo. Jas. Allman, Hillcrest Cafe, Willow Springs</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 <u>Jas. Allman, Hillcrest Cafe, Willow Springs</u>		Address	
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>Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u> DUE TO (c) <u>526x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic cor pulmonale</u> 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 INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>10 yrs</u>			
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 <u>5:41</u> a.m. p.m. Month, Day, Year <u>5/6/59</u>		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>5/6/59</u> , to <u>11/5/62</u> and last saw her/him alive on <u>11/5/62</u> Death occurred at <u>5:41 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth Rice MD</u>		22b. ADDRESS <u>5600 Arsenal St Louis</u>	
22c. DATE SIGNED <u>11-6-62</u>		23. NAME OF CEMETERY OR CREMATORY <u>St. Lucas Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>	
23b. DATE <u>11/6/62</u>		24. FUNERAL DIRECTOR ADDRESS <u>Louis H. Bopp, Inc., Kirkwood, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>11-7-1962</u>		26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>	

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

Francis J. Myhrndk

Licensed Embalmer No. 4572

P. O. Address Richmond, 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.