

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-049570

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12720

**FILED JAN 16 1963**

1. PLACE OF DEATH  
 a. COUNTY Missouri  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Deslodge Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2808 University St. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
 Joseph J. Reisinger December 30, 1962

5. SEX White 6. COLOR OR RACE Male 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 9/7/1930 32 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
 Assembler Factory St. Louis, Mo. U.S.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE  
 Joseph M. Reisinger Loretta Downey Mary Reisinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) 17. INFORMANT Address  
 No (If yes, give war or dates of service) Mary Reisinger 2808 University St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cardiac failure secondary to severe rheumatic heart disease characterized by marked aortic and mitral stenosis with massive hypertrophy of both ventricles.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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.  
 410x  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT SUICIDE HOMICIDE    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  NOT WHILE AT WORK  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 1:15 p.m. to and last saw her/him alive on Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
 Nelson L. Taylor, Coroner 1300 Clark Ave. 1-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  
 Burial 1/4/1963 Calvary Cemetery St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE REC'D BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
 Morrell Mortuary 3710 North Grand Blvd. JAN 3 1963 Roan Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

**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 Leon B. Percy

Licensed Embalmer No. 4094

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.