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FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10987**

318

1003

Registrar's No. **2721**

| | | | | | | | | |
|---|--|---|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | REGISTRAR'S NO. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2169 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital | | | | d. STREET ADDRESS (If rural, give location) 3400 So. Grand | | | | |
| 3. NAME OF DECEASED a. (First) MARY | | b. (Middle) C | | c. (Last) REITZ | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 20, 1950 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Dec. 14, 1855 | | |
| 9. AGE (In years last birthday) 94 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 12 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Ste. Genevieve County | | 12. CITIZEN OF WHAT COUNTRY? 0 | |
| 13a. FATHER'S NAME Anthony Carow | | | 13b. MOTHER'S MAIDEN NAME Elvine Charleville | | | 14. NAME OF HUSBAND OR WIFE Phillip Reitz | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Helen Schanzle ADDRESS 5061 a Delmar Ave. | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 25 yrs. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) Mo. | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 11:200 | | | | | | |
| 22. I hereby certify that I attended the deceased from June 11, 1948 , to Mar. 20, 1950 , that I last saw the deceased alive on Mar. 20, 1950 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Paul T. Hartman (Degree or title) O.M.D. | | | | 23b. ADDRESS 5400 Arsenal St. | | 23c. DATE SIGNED 3/21/50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/23/50 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | |
| DATE REC'D BY LOCAL REG. WAR 22 1950 | | REGISTRAR'S SIGNATURE J. B. Fasator | | GENERAL DIRECTOR'S SIGNATURE Chas. F. Stuart | | ADDRESS 225 Union | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

Clement M. Meany

Licensed Embalmer No. *3232*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.