S. No. 300
v. 10.48

FILED AUG 14 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25203

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6646

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2519 North 14th Str.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2249
d. STREET ADDRESS (If rural, give location): 2519 North 14th Str.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Edward
b. (Middle):
c. (Last): Reith Sr.

**4. DATE OF DEATH** (Month) (Day) (Year): 8-2-50

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widower
**8. DATE OF BIRTH**: Feb 19 1876
**9. AGE** (In years last birthday): 74 — If under 1 year: Months 5, Days 13 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Variety Store
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Dominick Reith
**13b. MOTHER'S MAIDEN NAME**: Catherine Reith
**14. NAME OF HUSBAND OR WIFE**: Deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown):
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Emmett Reith
**ADDRESS**: 2519 N 14th Str.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia with left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis — General yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☒

**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): —
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): —
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 332X

22. *I hereby certify that I attended the deceased from* Oct 25, 1949, *to* Aug 2, 1950, *that I last saw the deceased alive on* Aug 1, 1950 *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Richard A Jones M.D.
**23b. ADDRESS**: 3720 Washington St. Louis
**23c. DATE SIGNED**: 2 Aug 50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8-5-50
**24c. NAME OF CEMETERY OR CREMATORY**: New St Marcus
**24d. LOCATION** (City, town, or county) (State): St Louis County

**DATE REC'D BY LOCAL REG.**: AUG 4 1950
**REGISTRAR'S SIGNATURE**: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Central Funeral Home
**ADDRESS**: 1841 Cass AVE.

(Licensed Embalmer's Statement on Reverse Side)

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

As ancestor - Zuzugo

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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