

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35933**

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3568**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN PINE LAWN	c. LENGTH OF STAY (in this place) 4 YRS	c. CITY OR TOWN PINE LAWN 4151	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4015 OAKWOOD		d. STREET ADDRESS (If rural, give location) 4015 OAKWOOD	

3. NAME OF DECEASED (Type or Print) FRED READER			4. DATE OF DEATH (Month) (Day) (Year) OCT-31-1951		
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BACHELOR	8. DATE OF BIRTH SEPT-27-1968	9. AGE (In years) (Months) (Days) (Hours) (Min) 83 0 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGRAVER		10b. KIND OF BUSINESS OR INDUSTRY PAPER		11. BIRTHPLACE (State or foreign country) ST. LOUIS - MO	
12. CITIZEN OF WHAT COUNTRY U.S.					

13a. FATHER'S NAME JACOB READER		13b. MOTHER'S MAIDEN NAME FREDERICA BORDERMARK		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 277-12-3091		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Cassin ADDRESS 4015 OAKWOOD	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholera Infantum (semile type)		INTERVAL BETWEEN ONSET AND DEATH 7 yrs	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Naming + Long (semile type)			2 days
	DUE TO (c) Helpless senile infirm for 4 yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 592X
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

22. I hereby certify that I attended the deceased from **Oct 31**, 1951, to **Oct 31**, 1951, that I last saw the deceased alive on **OCT-31**, 1951, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 3734 Jennings Rd	23c. DATE SIGNED 11/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-3-1951	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS - MO
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DATE REC'D BY LOCAL REG. 11-2-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 6107 Natural Bridge
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8291-55-7952

FEDERATION OF EMBALMERS

80244

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.....

John J. Penneby

Licensed Embalmer No. *46194*

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.