

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8601

State File No. _____

FILED MAR 17 1952

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> <u>St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>9y, 10m, 17d</u>		d. STREET ADDRESS (If rural, give location) <u>60R7 South Grand</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>A.</u> c. (Last) <u>REBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 13, 1908</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work at home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Leo W. Reber</u>	13b. MOTHER'S MAIDEN NAME <u>Adelaide Heeley</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pulmonary tuberculosis - - At east</u>		<u>one year.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Psychosis with organic changes of the nervous system.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan. 23, 1952, to March 5, 1952, that I last saw the deceased alive on March 5, 1952, and that death occurred at 3:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John L. Ziegenhein, M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>3-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 6, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John L. Ziegenhein and Sons,</u>	ADDRESS <u>7021 Gravois, St. Louis, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

.....
working under my personal supervision.

Student Embalmer No.

Signed *Neville B. Frohwitter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7027 Gravois*

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.