

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30909**

BIRTH NO. _____		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 4061	Registrar's No. 40
1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give town) Braymer		c. LENGTH OF STAY (In this place) 40yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Braymer, 9130	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) 5		
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Marce	c. (Last) Reisch	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1952
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 6, 1876	9. AGE (In years last birthday) 76yrs If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 WKS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Work		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME James M. Reisch		13b. MOTHER'S MAIDEN NAME Mary Parks		14. NAME OF HUSBAND OR WIFE Elvira Reisch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 507-10-7701		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elvira Reisch Braymer, Mo
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Sclerolyzed Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Hours more than 1 year more than 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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) Braymer, Caldwell, Mo
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 Oct 4, 1947 , to Sept 10, 1952 , that I last saw the deceased alive on Sept 10, 1952 , and that death occurred at 4:05p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. Goldberg MD		23b. ADDRESS Braymer, Mo		23c. DATE SIGNED 9-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE 9-14-52	24c. NAME OF CEMETERY OR CREMATORY Bellview Cemetary	24d. LOCATION (City, town, or county) (State) Ontario, Calif
DATE REC'D BY LOCAL REG. 9-15-52		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mead's Funeral Service Braymer, Mo

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

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SEP 26 1952

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 _____

ERWIN L. TROWITCH

Student Embalmer No. 443

working under my personal supervision.

Student

Erwin L. Trowitch

Student Embalmer

Signed

Bernard F. Nease

Licensed Embalmer No. 2801

P. O. Address. Braymer, 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.