

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40638

FILED DEC 2 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10524**

1. PLACE OF DEATH a. COUNTY:			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 10 WKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2749
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FIRMIN Desloge Hospital			d. STREET ADDRESS (If rural, give location) 3936 Hampton Ave		
3. NAME OF DECEASED (Type or Print) a. (First) ALICE	b. (Middle) MAE	c. (Last) REINHEIMER	4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 16, 1932	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 11 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SALINA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NORRIS Bushnell		13b. MOTHER'S MAIDEN NAME MARY Elliott	14. NAME OF HUSBAND OR WIFE Eugene Reinheimer		
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 ADDRESS Rev. Odis James, 416 Blou St. Louis			

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pregnancy; Anesthesia; Cardiac arrest; during child		
	DUE TO (c) birth at Firmin Desloge Hospital		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hospital		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4343		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Queen	Degree or title Deputy Registrar	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11/17/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/18/52	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
DATE REC'D BY LOCAL REG. NOV 17 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell Mortuary, 4215 Lindell	

S. P. (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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Ray E Campbell*

Licensed Embalmer No. *3881*

P. O. Address *W. Lewis, 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.