

No. 500  
10.48  
Dr. Leslie 209 E. Kirkwood Rd.  
KI 1526 / to 300

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41150**

FILED NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2953**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ballwin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ballwin</b>	
c. LENGTH OF STAY (in this place) <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>			

3. NAME OF DECEASED a. (First) <b>Elsie</b>		b. (Middle)		c. (Last), <b>Pabish</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-16-1952</b>	
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>10-3-1878</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			11. BIRTHPLACE (State or foreign country) <b>Germany</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Gustave Reinhardt</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Hohne</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Oliver Reinhardt</b>		ADDRESS <b>5632 Michelberger Ave</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>	
		MEDICAL CERTIFICATION					
		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.				<b>170X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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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?	
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22. I hereby certify that I attended the deceased from **9-1**, 19**52**, to **11/17**, 19**52**, that I last saw the deceased alive on **11/5**, 19**52**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. A. Heshel</b> (Degree or title)			23b. ADDRESS <b>Kirkwood Mo</b>			23c. DATE SIGNED <b>11/17/52</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-18-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>7901 Gravois Ave Mo</b>	
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DATE REC'D BY LOCAL REG. <b>11-17-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Douke</b>		STATE HEALTH DEPARTMENT REGISTRAR'S SIGNATURE <b>M. B. Ziegenfuss</b>		ADDRESS <b>6409 Gravois Ave</b>	
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(Licensed Embalmer's Signature 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 \_\_\_\_\_

*Law M. Sycum*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4343*

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.