S. No. 300
V. 10.46

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2026

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 18

1530
3

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lebanon Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): H.W. 66 10 mi East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 22 59
d. STREET ADDRESS (If rural, give location): 1528 Locust St.

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) A c. (Last) Reis
4. DATE OF DEATH (Month) (Day) (Year): Feb. 3 1953
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 21 1890
9. AGE (In years last birthday): 63 IF UNDER 1 YEAR: Months Days IF UNDER 1 HR.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect Ret
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Adam W Reis
13b. MOTHER'S MAIDEN NAME: Bertha Rotel
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: T. E. Beckemeier ADDRESS: St Louis Mo.

MEDICAL CERTIFICATION

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) Fractured Skull

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Laclede Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 3 1953 11 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Auto Accident

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 11:15 A.M., from the causes and on the date stated above.*

23a. SIGNATURE: Richard L. Palmer (Degree or title): Coroner
23b. ADDRESS: Lebanon Mo.
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 4 1953
24c. NAME OF CEMETERY OR CREMATORY: Beidenweider
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 2-4-1953
REGISTRAR'S SIGNATURE: Stella L. Day 424-0
25. FUNERAL DIRECTOR'S SIGNATURE: Palmer's ADDRESS: Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1953

MAR 11 1953

FEB 9 1953

2.53.23

FEB 9 1953

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 S. R. Palmer

Licensed Embalmer No. 220 P

P. O. Address Lebanon 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.