

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **26806**  
Registrar's No. **6519**

FILED AUG 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) <b>13 days</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonhomme Twp.</b>  d. STREET ADDRESS (If rural, give location) <b>Olive Street Road 4740</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>William</b> c. (Last) <b>Reising</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 29 1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 24, 1903</b>
<b>9. AGE</b> (In years last birthday) <b>49</b>		<b># UNDER 1 YEAR</b> <b>7</b>	<b># UNDER 100 Hrs.</b> <b>5</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>St. Louis Co.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis Co.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>			

<b>13a. FATHER'S NAME</b> <b>August Reising</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Kuhlmann</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>La Verna Fridley</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>493-03-5988</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>La Verna Reising, R.2 Chesterfield Missouri</b>	
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<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Kidney Rt.</b>  ANTECEDENT CAUSES DUE TO (b) <b>and Pulmonary Metastases</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____			<b>6 mo</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>  <b>180X</b>	

**22. I hereby certify that I attended the deceased from 3/3/53, 1953, to 6/28/53, 1953, that I last saw the deceased alive on 6/28, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Edward M. Cameron</i> (Degree or title) <b>Dr. D.</b>		<b>23b. ADDRESS</b> <b>714 University Club Bldg.</b>		<b>23c. DATE SIGNED</b> <b>6-29-53</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>7/1/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Hiram Burial Park</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Creve Coeur, Missouri</b>	
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<b>DATE REC'D BY LOCAL REGISTRAR</b> <b>JUN 30 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Charles Smith MD</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Schrader Funeral Home, Ballwin, Mo.</b>	
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**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 \_\_\_\_\_

Licensed Embalmer No. 4584

P. O. Address Ballwin,

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.