

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41031

FILED NOV 27 1953

318

1003

State File No. 41031
Registrar's No. 10827

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | State File No. 41031 | | Registrar's No. 10827 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI | | | | c. CITY OR TOWN St. Louis | | b. COUNTY Mo | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) 2 days | | | | e. STREET ADDRESS (If rural, give location) 18 4510 ^e Manchester Ave | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | | | f. STREET ADDRESS | | g. (Month) (Day) (Year) | | 4. DATE OF DEATH NOVEMBER 13, 1953 | |
| 3. NAME OF DECEASED (Type or Print) HARRY | | a. (First) | | b. (Middle) | | c. (Last) REISENLEITER | | 5. SEX M | |
| 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | | 8. DATE OF BIRTH Oct 16-1888 | | 9. AGE (In years last birthday) 65 | | 10. UNDER 1 YEAR Months 0 | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Scullion Steel | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | |
| 13a. FATHER'S NAME Philip Reisenleiter | | 13b. MOTHER'S MAIDEN NAME Barbara Behm | | 14. NAME OF HUSBAND OR WIFE Luella | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | | 16. SOCIAL SECURITY NO. 489-18-1088 | |
| 17. INFORMANT'S SIGNATURE OR NAME Luella Reisenleiter | | 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 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) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 177X | | 22. I hereby certify that I attended the deceased from 11-11-53, 19, to 11-13-53, 19, that I last saw the deceased alive on 11-13-53, 19, and that death occurred at 12:40 P.M., from the causes and on the date stated above. | | 23a. SIGNATURE Alan S. Holtz M.D. | | 23b. ADDRESS 1515 Lafayette Avenue | | 23c. DATE SIGNED 11-14-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/16/53 | | 24c. NAME OF CEMETERY OR CREMATORY St. Lucas | | 24d. LOCATION (City, town, or county) (State) St. Louis Co Mo. | | DATE REC'D BY LOCAL REG. NOV 16 1953 | |
| REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE H. Bopp | | ADDRESS | | 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |

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

7461

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No..... 4053

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.