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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1954

State File No. 3195
Registrar's No. 0221

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) _____
c. CITY OR TOWN ST LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp e. STREET ADDRESS (If rural, give location) 14 4953 Chippewa 2148

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) JOHN c. (Last) REILMAN 4. DATE OF DEATH (Month) (Day) (Year) JAN 9 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH June 8, 1902 9. AGE (In years last birthday) 51 If UNDER 1 YEAR Months Days If UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector-G. M. 10b. KIND OF BUSINESS OR INDUSTRY & O. R.R. Co. 11. BIRTHPLACE (City and State or Foreign Country) Old Mexico 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Reilman 13b. MOTHER'S MAIDEN NAME Marie Huckelburg 14. NAME OF HUSBAND OR WIFE Virginia A. Reilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 709-07-9423 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia A. Reilman 4953 Chippewa

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease with mitral and aortic valves INTERVAL BETWEEN ONSET AND DEATH last year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) subacute
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

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

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) m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 410X

22. I hereby certify that I attended the deceased from Jan 2, 1954, to Jan 9, 1954, that I last saw the deceased alive on Jan 8, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Clemens J. Reilman M.D. 23b. ADDRESS Mo. Pac. Hosp. 23c. DATE SIGNED 1-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Jan. 12, 1954 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JAN 11 1954 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Storson*.....

Licensed Embalmer No..... 44

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.