

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

10671

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 656

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>	b. STATE <u>Missouri</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u> )	c. LENGTH OF STAY (in this place) <u>8 Wks.</u>	c. CITY OR TOWN <u>Kirkwood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>937 Robert Place</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Raymond</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Pinckert</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar. 13, 1954</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 4, 1900</u>	<b>9. AGE</b> (In years last birthday) <u>53</u>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Postal Clerk</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>U. S. Gov't.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Louis Wm. Rueff</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Caroline Bothe</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Edna Brockschmidt Pinckert</u>
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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) <u>Yes</u> <u>Sea Bees W.W.2</u>	<b>16. SOCIAL SECURITY NO.</b> <u>493-05-9395</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Edna B. Pinckert</u>	<b>ADDRESS</b> <u>937 Robert</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Ulcerative Colitis acute</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 wks</u>
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Ulcerum</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Myocardial Infarction</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>5722</u>	<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> <u>St. Louis, MO</u>
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<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>
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**22. I hereby certify that I attended the deceased from Mar 1, 1954, to Mar 14, 1954, that I last saw the deceased alive on Mar 14, 1954, and that death occurred at 10 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>William A. Campbell M.D.</u>	<b>23b. ADDRESS</b> <u>8167 Sundaes</u>	<b>23c. DATE SIGNED</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Cremation</u>	<b>24b. DATE</b> <u>3-16-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Missouri Crematory</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>
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<b>DATE REC'D BY LOCAL RES.</b> <u>3/15/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donkey</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Mittelberg Funeral Home, Inc.</u>	<b>ADDRESS</b> <u>73 W. Lockwood WEBSTER GROES</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmers' Statement on Reverse Side)

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 *John J. Harris*.....  
Licensed Embalmer No. *419*.....  
P. O. Address *St. Louis*.....

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.