

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14553

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 901

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Fenton		c. CITY OR TOWN Kirkwood	
c. LENGTH OF STAY (in this place) 3 months		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 Fenton Home for Aged		e. STREET ADDRESS (If rural, give location) 890 Wood Ave.	

3. NAME OF DECEASED (Type or Print) BETTY		a. (First) BETTY		b. (Middle)		c. (Last) REGER		4. DATE OF DEATH (Month) (Day) (Year) April 14, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 23, 1868		9. AGE (In years last birthday) Months Days 86 1 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME ? Kapplinger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Reger (dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Reger, 873 Wood Ave., Kirkwood	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Distention		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic myocarditis		2 yrs	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senile dementia	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1222		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-1**, 19**50**, to **4-14**, 19**54** that I last saw the deceased alive on **4-13**, 19**54**, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Kirkwood, Mo		23c. DATE SIGNED 4/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/17/54		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
				24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	

DATE REC'D BY LOCAL REG. 4-16-54		REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Poppo, Kirkwood, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

4000 4

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 *Felix Durand*.....

Licensed Embalmer No. *303*

P. O. Address *Perkins*.....

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.