

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24276  
State File No. 24276  
Registrar's No. 6427

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>St Louis</b>	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 <b>St Johns Hosp</b>			STREET ADDRESS (If rural, give location) <b>222 2014 Hickory</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leo</b>		b. (Middle) <b>P</b>	c. (Last) <b>Reyland</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 24 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb 6 1896</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 YEAR: Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mercantile Wholesaler</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Alton Ill</b>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <b>Nicholas Reyland</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Schienne</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Theodore N. Reyland</b> ADDRESS <b>7567 Harter</b>		
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) <b>Conscious of being</b> ANTECEDENT CAUSES: <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>163x</b>			
22. I hereby certify that I attended the deceased from <b>May 2, 1955</b> , to <b>July 24, 1955</b> , that I last saw the deceased alive on <b>July 24, 1955</b> , and that death occurred at <b>3 PM</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>John B. Matthew M.D.</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3707 Watson Rd.</b>	23c. DATE SIGNED <b>7-25-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/27/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUL 26 1955</b>	REGISTRAR'S SIGNATURE <b>E. J. Schnur</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schnur</b> ADDRESS <b>3125 Lafayette Ave.</b>		

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

J. Matthews  
3700 N. 1st  
ST 12816 1-4

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.....  
*Joseph B. Hallmer*

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette

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.