

FILED FEB 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. **7110**  
Registrar's No. **823**

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| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>823</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri.</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place)<br><b>Life</b>  |   | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4611 Lee Avenue</b>   |  |   |   | e. STREET ADDRESS (If rural, give location)<br><b>4611 Lee Avenue 15 20790</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Louise C. Reisert</b>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Jan. 22 1956</b> |  |  |  |  |
| 5. SEX <b>Female</b>   |  | 6. COLOR OR RACE <b>White</b>   |   | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b>   |  | 8. DATE OF BIRTH<br><b>Nov. 24 1902</b>  |  |
| 9. AGE (In years last birthday) <b>53 yrs.</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clerk</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>J.W. Kerr Realty Co.</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  | 13a. FATHER'S NAME<br><b>Daniel J. Reisert</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine C. Hossenlopp</b>  |  | 14. NAME OF HUSBAND OR WIFE<br>_____   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><b>Unknown</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. C.A. Thompson, 4611 Lee Ave. 15</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.                            |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Uterus</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 1/2 years</b>   |  |
| 19a. DATE OF OPERATION<br><b>12/28/54</b>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma Uterus 1744</b>  |   |  |  | 20. AUTOPSY?<br>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 <b>12/7, 1954</b> , to <b>12/22, 1956</b> , that I last saw the deceased alive on <b>12/20, 1956</b> , and that death occurred at <b>9:30 p. m.</b> , from the causes and on the date stated above. |  |   |   |  |  |  |  |
| 23a. SIGNATURE (Name or title)<br><b>Calvin F. Feutz MD</b>  |  |   |   | 23b. ADDRESS<br><b>6349e Grand</b>   |  | 23c. DATE SIGNED<br><b>1/13/56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>Jan. 25, 1956</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>JAN 24 1956</b>   |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>CALVIN F. FEUTZ, 4828 Nat'l. Bridge, 15</b>   |  |  |  |

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

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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 A. Mlenda*  
Licensed Embalmer No. *418*

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.