

FILED OCT 30 1957

STANDARD CERTIFICATE OF DEATH

36449

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Missouri COUNTY J. MO.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN House Springs Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN House Springs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE 1			Length of stay in lb			d. STREET ADDRESS ROUTE 1	
3. NAME OF DECEASED (Type or print) First ANTHONY Middle REISS Last REISS				4. DATE OF DEATH Month OCT. Day 15 Year 1957			
5. SEX MALE <input type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 4 1878	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		9. AGE (In years last birthday) 78		IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DAY LABORER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13. FATHER'S NAME GEORGE REISS			
14. MOTHER'S MAIDEN NAME MAGDALENA BURGE				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 Address GEORGE REISS House Springs Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic hypertrophic hepatitis DUE TO (b) Insanition DUE TO (c) 5810 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 6 mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 15/57 to Oct. 14, 1957 and last saw him alive on Sept 25/57 Death occurred at 11 1/2 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. M. Kinner, M.D.				22b. ADDRESS 3014 S. Jefferson Ave. St. Louis Mo.		22c. DATE SIGNED Oct 15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL OCT. 18 1957		1957		S. S. Peter & Paul Cem.		ST. LOUIS Mo.	
24. FUNERAL DIRECTOR ADDRESS Thomas Kute 2906 Gravois				25. DATE RECD. BY LOCAL REG. Oct. 18, 57		26. REGISTRAR'S SIGNATURE Robert A. Bauer	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
v. 1-56Health,
& Welfare
S. Public
th Service

44-0

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 23 1957

OCT 30 1957

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]
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 434

P. O. Address 2906 St.

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.