

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3486

STATE FILE NUMBER

FILED JAN 30 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 850

|  |                                  |   |   |   |   |  |
|--|----------------------------------|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>St. Louis</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>01 705a Utah St.</u>   |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><u>2470 705a Utah St.</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Josef</u> Middle Last <u>Reisenhofer</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>22,</u> Year <u>1958</u>   |   |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Mar. 7, 1875</u>   |   | 9. AGE (In years last birthday)<br><u>82</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Freight-Handler</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Anheuser-Busch</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Austria</u>        | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Anton Reisenhofer</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Katharina Gomsi Reisenhofer</u>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   |   | 17. INFORMANT<br>Address <u>Katharina Reisenhofer-705a Utah St.</u> |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hemiplegia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute Myocarditis</u><br>DUE TO (c) <u>Arteriosclerosis</u> |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 days</u><br><u>5 days</u>                               |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>334x</u>   |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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<br>Hour Month, Day, Year<br>o.m.<br>p.m.   |                                  |   |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT <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 <u>Jan 8 1957</u> to <u>Jan 22-58</u> and last saw her alive on <u>Jan 6-1958</u><br>Death occurred at <u>2:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>W. Haisbury M.D.</u>  |                                  |   | 22b. ADDRESS<br><u>3548 Sedney St</u>   |   | 22c. DATE SIGNED<br><u>1-23-58</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY  |   | 23d. LOCATION (City, town, or county) (State)   |  |
| <u>Burial</u>  |                                  | <u>Jan. 25, 1958</u>  | <u>New St. Marcus Cemetery</u>  |   | <u>St. Louis, Missouri</u>  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>WACKER-HELDERLE-3634 Gravois Ave.</u>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 24 '58</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith M.D.</u>   |  |

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 *Robert Wheeler* .....

Licensed Embalmer No. *2128* .....

P. O. Address *Staines* .....

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.