

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020481

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1393

FILED JUN 9 1958

Health, Welfare, Public Service, 300, 1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                  |  |   |  |   |  |  |
|---|----------------------------------|--|---|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St Louis County</b>   |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>ST. Louis</b> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN <b>Florissant Mo</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | c. CITY OR TOWN <b>Florissant 4000</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>29 Maryann Court</b>  |                                  |  | Length of stay in lb<br><b>1 1/2 YRS</b>  | d. STREET ADDRESS (If outside, give location)<br><b>29 Maryann Court</b>   |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Robert</b> Middle <b></b> Last <b>Reigel</b>  |                                  |  |   | 4. DATE OF DEATH<br>Month <b>5</b> Day <b>22</b> Year <b>58</b>  |   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec 11/56</b>  | 9. AGE (In years last birthday)<br><b>1</b>  | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>11</b>                     | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b>                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>St Louis Mo</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U,S</b>   |  |
| 13. FATHER'S NAME<br><b>Albert Reigel</b>   |                                  |  |   | 14. MOTHER'S MAIDEN NAME<br><b>Carolyn Stone</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |   | 17. INFORMANT Address<br><b>Albert Reigel 29 Maryann Court</b>   |   |  |  |
| 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) <b>Crush injury of head</b>  |                                  |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  | DUE TO (b) _____   |   | DUE TO (c) _____   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |                                  |  |   |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| 20a. ACCIDENT <input checked="" 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.)<br><b>Run over by left rear wheel of garbage truck</b> |  |   |  |  |
| 20c. TIME OF INJURY<br>Hour <b>10:00</b> a. m. <b>5/22/58</b>   |                                  |  |   |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>street</b>   |   | 20f. CITY, TOWN, OR LOCATION<br><b>Florissant 400</b>  |   | 20g. COUNTY<br><b>St. Louis</b>  |  |
|   |                                  |  |   | 20h. STATE<br><b>Mo.</b>   |   |  |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |   |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Raymond J. [Signature] Coroner</b>   |                                  |  |   | 22b. ADDRESS<br><b>Clayton, Mo.</b>  |   | 22c. DATE SIGNED<br><b>5/26/58</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>5/24/58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St Ferdinand Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Florissant Mo</b> |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>John Stygar &amp; Son 5541 Riverview</b>   |                                  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-23-58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Donke M.D.</b>                            |  |

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. *J. R. Rista*

Licensed Embalmer No. 390

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.