

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042144

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 313

Primary Registration District No. 1003

Registrar's No. 11018

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSPITAL # 1</i>		Length of stay in lb <i>147</i>	d. STREET ADDRESS (If outside, give location) <i>6029 Arthur Ave</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>MARIE</i> Middle <i>M.</i> Last <i>REITER</i>			4. DATE OF DEATH Month <i>11</i> Day <i>15</i> Year <i>58</i>			
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 27, 1903</i>	9. AGE (In years last birthday) <i>55</i>	10. FUNDER YEAR Months <i>0</i> Days	11. IF UNDER 24 HRS. Hours <i>0</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Vienna, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S. A.</i>
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13a. FATHER'S NAME <i>Anril Martin</i>	13b. MOTHER'S MAIDEN NAME <i>Eliza Hinton</i>	14. NAME OF HUSBAND OR WIFE <i>George Reiter</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>493-38-0338</i>	17. INFORMANT <i>George Reiter</i> Address <i>Above</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of left Tonsil</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 year</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>C generalized Carcinomatosis</i>	
	DUE TO (c) <i>145.0</i>	

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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <i>9:50 AM</i> Month <i>11</i> Day <i>15</i> Year <i>58</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>	COUNTY	STATE
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21. I attended the deceased from <i>11-1-58</i> to <i>11-15-58</i> and last saw her alive on <i>11-15-58</i> Death occurred at <i>9:50 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joseph F. Cannon M.P.</i> (Dr, nurse or title)	22b. ADDRESS <i>1515 LAFAYETTE</i>	22c. DATE SIGNED <i>11-15-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-17-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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24. FUNERAL DIRECTOR <i>Jay B. Smith, Maplewood, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 17 58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *J. Allen Davis Jr.*

Licensed Embalmer No. *405-3*

P. O. Address

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.