DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1959

59–024676
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN UNION — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 430 MCARTHUR AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRED Middle ERNEST Last REIS
4. DATE OF DEATH Month AUG. Day 4 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH SEPT. 18, 1886
9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months 10 Days 16 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRED E. REIS SR.
13b. MOTHER'S MAIDEN NAME IDA BOYDEN
14. NAME OF HUSBAND OR WIFE DEC.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-07-3059A
17. INFORMANT ARTHUR REIS Address ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Cerebral hemorrhage) presumed — Instant
DUE TO (c) cause of death — found
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Dead in home – no attendant
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Union Mo
22c. DATE SIGNED 8/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG. 7, 1959
23c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY
23d. LOCATION (City, town, or county) ST. LOUIS (State) MO.

24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.
25. DATE RECD. BY LOCAL REG. 8/6/59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

AUG 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph Oltmann

Signature of Student Embalmer

Licensed Embalmer No. 4800

P. O. Address Union,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.