

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-021442

FILED VS MAY 25 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5260 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6538 Arsenal St.		d. STREET ADDRESS (If outside, give location) 6538 Arsenal St.	

3. NAME OF DECEASED (Type or print) First OTTO Middle RIST Last			4. DATE OF DEATH Month May Day 18 Year 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13, 1901	9. AGE (last birthday) 59 years	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Goods Manager	10b. KIND OF BUSINESS OR INDUSTRY Dry Goods Store	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Albert Rist, Sr.	13b. MOTHER'S MAIDEN NAME Hulda Leimbach	14. NAME OF HUSBAND OR WIFE Marie Rist
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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) NO	16. SOCIAL SECURITY NO. 489-05-2504	17. INFORMANT Marie Rist, 6538 Arsenal St. St. Louis, 9,
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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) angina-pectoris hypertension DUE TO (b) Hypertension DUE TO (c) 420-2		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour 2:20 a.m. Month, Day, Year 4/18 1960	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 St. Louis	COUNTY St. Louis	STATE
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21. I attended the deceased from **14-5-6** to **May 14 1960** and last saw him alive on **May 16 1960**
Death occurred at **2:20 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. B. Cappellano M.D.	22b. ADDRESS 27 Old Westbury Lane Webster, Mo.	22c. DATE SIGNED 4-19-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May, 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) St. Louis Co. Missouri
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24. FUNERAL DIRECTOR Witt Bros. L. & U. Co. 2929 S. Jefferson	25. DATE RECD. BY LOCAL REG. MAY 19 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murr

Licensed Embalmer No. 3749

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.