

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7090 = 62-029083
STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962

1. PLACE OF DEATH
a. COUNTY **Missouri**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **3-wks.**

c. CITY OR TOWN **St. Louis** Inside Limits **Yes** No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Anthony Hospital** Inside Limits **Yes** No d. STREET ADDRESS (If outside, give location) **3145 Arsenal St.** Reside on Farm **Yes** No

3. NAME OF DECEASED First Middle Last **Frank E. Reiner** 4. DATE OF DEATH Month Day Year **July 17, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10/30/84** 9. AGE (last birthday) **77** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **(retired) Bookkeeper** 10b. KIND OF BUSINESS OR INDUSTRY **Ruggers Photo Serv. St. Louis, Mo.** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Guttelb Reiner** 13b. MOTHER'S MAIDEN NAME **Louise** 14. NAME OF HUSBAND OR WIFE **Flora C. Reiner**

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. **-----** 17. INFORMANT Address **Flora C. Reiner- 3145 Arsenal St.**

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **27 days**
DUE TO (b) **Arteriosclerotic heart disease** **6 yrs**
DUE TO (c) **420.0**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 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 **Sept 9, 1961** to **7-17-62** and last saw him alive on **7-17-62**
Death occurred at **2:05 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. W. Janner MD** 22b. ADDRESS **9501 Gravois** 22c. DATE SIGNED **7-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **July 20, 1962** 23c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **WACKER-HELDERLE-3634 Gravois Ave.** 25. DATE RECD. BY LOCAL REG. **JUL 19 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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USE BLACK INK OR TYPEWRITER RIBBON

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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 Pharise M. Bills

Licensed Embalmer No. 4375
P. O. Address St. Louis 16, Mo.

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.