MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-041134
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4001
2 0920
3
4 0
5 1
6
7 0
8 2
9 9123
10 6
11 400
12 71-3
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2959

FILED OCT 26 1962

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN Wentzville
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R.# 2
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Eugene Middle: James Last: Reininger
4. DATE OF DEATH Month: October Day: 13, Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/27/32
9. AGE (last birthday): 30
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equipt. operator
10b. KIND OF BUSINESS OR INDUSTRY: Ray Boston Exc.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George H. Reininger
13b. MOTHER'S MAIDEN NAME: Stella Marie Maender
14. NAME OF HUSBAND OR WIFE: Darlene Pauk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: P
17. INFORMANT: Mrs Darlene Reininger, Wentzville 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) Severe crush injury of left chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ 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.) caterpillar tractor accident
20c. TIME OF INJURY Hour ~~A.M.~~ p.m. approx. 1:45 Month, Day, Year 10/13/62
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.) residential construction job
20f. CITY, TOWN, OR LOCATION COUNTY STATE: St. Louis Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Raymond Harb Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 10/16/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/16/1962
23c. NAME OF CEMETERY OR CREMATORY: St. Patrick's
23d. LOCATION (City, town, or county) (State): Wentzville, Mo.
24. FUNERAL DIRECTOR ADDRESS: T.E. Pitman Funeral Home. - Wentzville, Mo.
25. DATE RECD. BY LOCAL REG.: 10-13-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1962

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_____ Signed Carlton J. Pitman
Signature of Student Embalmer

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.