

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013743

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3045**

FILED MAR 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS:300
Rev. 4/59

1

2 *2/68*

3

4 *1*

5 *2*

6

7 *1*

8 *1*

9

10

11

12 *68-0*

13

68

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3411 Wyoming				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Elizabeth Middle M Last Reinken						4. DATE OF DEATH Month March Day 13 Year 1963							
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/13/1896		9. AGE (last birthday) 66		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Germantown Ill		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Henry Thessing				13b. MOTHER'S MAIDEN NAME Catherine Toenies				14. NAME OF HUSBAND OR WIFE Bernard Reinken					
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 Catherine Schremp 3411 Wyoming							
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction										INTERVAL BETWEEN ONSET AND DEATH Minutes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion										"			
DUE TO (c) Arteriosclerotic heart disease										Unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)									
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>													
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 COUNTY STATE					
21. I attended the deceased from Feb. 28, 1963 to March 13, 1963 and last saw her ^{live} on March 12, 1963 Death occurred at 2:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Hawey Walker, Jr., M.D.						22b. ADDRESS 4511 Forest Park Boulevard St. Louis 8, Mo.			22c. DATE SIGNED 3/15/63				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Mar 16 63		23c. NAME OF CEMETERY OR CREMATORY St. Boniface			23d. LOCATION (City, town, or county) (State) Germantown Ill.					
24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette						25. DATE RECD. BY LOCAL REG. MAR 15 1963		26. REGISTRAR'S SIGNATURE Roald Smith, M.D.					

DR. HARVEY WALKER
4511 FOREST PARK

FRI 9-10 AM

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 Joseph Volmer
Licensed Embalmer No. 4014

P. O. Address 325 Lafayette

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.