

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013744

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3678** STATE FILE NUMBER

VS'300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN Overland |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 9716 Ridge |
| 3. NAME OF DECEASED (Type or print) THEODORE REISNER | | 4. DATE OF DEATH Month March Day 29 Year 1963 | |
| 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 5/27/07 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prop. | | 10b. KIND OF BUSINESS OR INDUSTRY Grocery | 9. AGE (last birthday) 55 |
| 11. BIRTHPLACE (City and state or country) St. Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Orah Reisner | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Esther Reisner |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Esther Reisner - 9716 Ridge |
| 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 11 days |
| DUE TO (b) Arteriosclerotic heart disease | | | Chronic |
| DUE TO (c) 4200 | | | |
| 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"/> 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 a.m. p.m. | Month, Day, Year | | |
| 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 6:40 AM 3/18/63 to 3/29/63 and last saw him alive on 3/28/63 Death occurred at 6:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE <i>Raymond Phawar MD</i> (Degree or title) | | 22b. ADDRESS 609 No Grand | 22c. DATE SIGNED 3/29/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/31/63 | 23c. NAME OF CEMETERY OR CREMATORY United Hebrew Temple Cem. | 23d. LOCATION (City, town, or county) St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar | | 25. DATE RECD. BY LOCAL REG. MAR 30 1963 | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> |

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

John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

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.