

WITH UNFADING INK—THIS IS A PERMANENT RECORD

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state sex, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

Village \_\_\_\_\_

City St. Louis, Mo (NO. \_\_\_\_\_)

Registration District No. 791

File No. 40414

Primary Registration District No. 1003

Registered No. 10297

FULL NAME Anna Mary Reinert

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED MARRIED  
(If write the word)

DATE OF DEATH December 25th, 1910  
(Month) (Day) (Year)

DATE OF BIRTH October 24th, 1877  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at 9:55 a.m.

AGE 33 yrs. 2 mos. 2 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Peritonitis (Septic)

OCCUPATION (a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Hungary

NAME OF FATHER W. Reicher

BIRTHPLACE OF FATHER (City or town, State or foreign country) Hungary

MAIDEN NAME OF MOTHER Barbara Hanscher

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hungary

TO THE BEST OF MY KNOWLEDGE \_\_\_\_\_

H. Bloomer

South Grand Ave

12 Wheeler Road  
REGISTRAR

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Criminal Abortion  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. W. Fath  
12/28, 1910 (Address) Deputy Coroner

\*State the Disease Causing Death. Or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence 1713 S. 2nd St.

PLACE OF BURIAL OR REMOVAL St Peter & Paul Cemetery DATE OF BURIAL Dec 29, 1910

UNDERTAKER H. H. Bloomer & Sons ADDRESS 3105 S Grand

