PLACE OF DEATH

County

Township
or
Village
or
City St Louis (No. 4257 Evans ave St.; 27 Ward)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH ~~95101~~ 25001

Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 6640

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

FULL NAME Frederick William Reinhardt

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	married

DATE OF BIRTH July (Month) 18th (Day), 1840 (Year)

AGE 72 yrs. mos. 9 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS
NAME OF FATHER Justine Reinhardt
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER do not know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie Reinhardt
(ADDRESS) 4257 Evans

Filed JUL 29 1912 Max C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 27 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 22, 1911, to July 27, 1912, that I last saw him alive on July 26, 1912, and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:
Myocarditis chronic
Chronic interstitial 1 31
Nephritis 1
(Duration) 1 yrs. mos. 137 ds.
Contributory (Secondary) Hypert. Prostate
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
July 28, 1912 (Address) [illegible]

*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

PLACE OF BURIAL OR REMOVAL St Peters Cemetery
DATE OF BURIAL July 29, 1912
UNDERTAKER Henry Seidner
ADDRESS 4417 N. Market St

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory. The* material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *1*(report mere symptoms or terminal conditi("*Asthenia*," "Anaemia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debi genital," "Senile," etc.), "Dropsy," "Exhaust failure," "Haemorrhage," "Inanition," "Mara age," "Shock," "Uraemia," "Weakness," (definite disease can be ascertained as the ca(qualify all diseases resulting from childbi carriage, as "PUERPERAL *septichaemia*," ' *peritonitis*," etc. State cause for which surgi(was undertaken. For VIOLENT DEATHS sta(INJURY and qualify as ACCIDENTAL, SUICIDA CIDAL, or as *probably* such, if impossible t(definitely. Examples: *Accidental drowning railway train—accident; Revolver wound of hea(Poisoned by carbolic acid—probably suicide.* of the injury, as fracture of skull, and consequ *sepsis, tetanus*) may be stated under the hea tributory." (Recommendations on statement death approved by Committee on Nomencla American Medical Association.)