

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

Do not use this space.  
  
25991  
File No. \_\_\_\_\_  
Registered No. **7613**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City, **St. Louis** (No. **Seaconess Hosp.**)

**2. FULL NAME**

(a) Residence. No. **Missouri Athletic Club 25**  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Widower.  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Minerva Reinhart  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov. 24<sup>th</sup> 1860  
**7. AGE**  
YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 9 1

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work Salesman.  
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Business  
(c) Name of employer Knoke

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Booneville, Mo.

**10. NAME OF FATHER** Carl Reinhart  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Germany.  
**12. MAIDEN NAME OF MOTHER** Frederica Stroder.  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Germany.

**14. INFORMANT (Address)** J.A. Reinhart, 16136 Waterman

**15. FILED** AUG 26 1927 Max B. Starkeoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 8-25-1927  
**17. I HEREBY CERTIFY, That I attended deceased from July 26, 1927, to Aug 25, 1927, that I last saw him alive on August 25, 1927, and that death occurred, on the date stated above, at 1:10 P.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
46 yr Cancer of pancreas  
(duration) - yrs. 8 mos. - ds.  
**CONTRIBUTORY (SECONDARY)** - Cerebral meningitis  
(duration) - yrs. 8 mos. - ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
**DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** Partial  
**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_  
(Signed) F. Keder, M.D.  
, 19 (Address) University Cent Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Paxton, Ill.  
**DATE OF BURIAL** 8/26 1927

**20. UNDERTAKER** C. R. Rupton.  
**ADDRESS** 4449 Uline

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*mi-ut.*

100. 1. 1944