OCT 28 1927

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

Do not use this space.

28248

1. PLACE OF DEATH
County: St Louis — Registration District No.: 789 — File No.:
Township: Central — Primary Registration District No.: 60338 — Registered No.: 237
City: Creshwood (No. 8904 St Charles Rd St. ..... Ward)

2. FULL NAME: Albert Reinhardt
(a) Residence. No. 8904 St Charles Rd St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nona Reinhardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 5, 1888

7. AGE: Years 39 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hardware Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

PARENTS
10. NAME OF FATHER: Julius Reinhardt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Elizabeth Shober
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Canada

14. INFORMANT: Mrs Albert Reinhardt
(Address) 8904 St Charles Rock Rd

15. FILED 9/15, 1927. Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 13th 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 11th, 1927, to Sept 13th, 1927, that I last saw him alive on Sept 13th, 1927, and that death occurred, on the date stated above, at 11 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
Cerebral Hemorrhage
(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 7401
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) T. B. Mansfield, M.D.
9/14, 1927 (Address) 8900 Bristol Ave.

*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: St Peters Cem. — DATE OF BURIAL: Sept 16, 1927.

20. UNDERTAKER: A. Kron L.U.Co. — ADDRESS: 2707 N Grand

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