

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. INDUST  
 City St. Louis (No. 2715 Michigan Ave)  
 File No. 18620  
 Registered No. 4993  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Louis P. Reinhardt

(a) Residence. No. 2715 Michigan Ave St. 17 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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** XXXXX

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Unknown

**7. AGE** YEARS 80 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** \_\_\_\_\_ (STATE OR COUNTRY) Germany

**10. NAME OF FATHER** Phillip

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** \_\_\_\_\_ (STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** \_\_\_\_\_ (STATE OR COUNTRY) Germany

**14. INFORMANT** Otto M. Reinhardt  
 (Address) 2715 Michigan Ave

**15. FILED** May 7 1928  
May C. Stankov REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 6 1928

**17. I HEREBY CERTIFY** That I attended deceased from May 4 1928, to May 6 1928 (that I last saw him/her alive on May 6 1928, and that death occurred, on the date stated above, at 8.30 P. M.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchopneumonia

11-7-1927 (duration) yrs. mos. 5 da.

**CONTRIBUTORY (SECONDARY)** 100% (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** 210 DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** 210

**WHAT TEST CONFIRMED DIAGNOSIS?** Phys. Ex.

(Signed) Dr. Carl Stankov M. D.

May 7, 1928 (Address) 616 No. Theatre 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** Missouri Crematory **DATE OF BURIAL** May 9 1928

**20. UNDERTAKER** W. W. M. Langhein **ADDRESS** 1631 MO. Ave.

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.

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

