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

Do not use this space.

40602

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 B — Registered No. 338
City (No. 2801, Carson rd. St. Ward)

2. FULL NAME Ludwig Reinert
(a) Residence. No. 2801 Carson rd St., 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 22 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Hulda Reinert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	1	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Minister Evang.
(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

PARENTS
10. NAME OF FATHER Fred Reinert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Pauline Bunte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. F. Reinert
(Address) 2801 Carson rd

15. FILED 12/3 1930 Rolla Bracy M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 19/30 to Dec. 2d, 1930, to, 19, that I last saw him alive on Dec. 2d, 1930, and that death occurred, on the date stated above, at 6.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46c
Cancer Intestinal
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Don't Know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Otto W. Freitag, M. D.
12/3 1930 (Address) 6323 Page 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 Zion Cemetery — DATE OF BURIAL 12-5 1930

20. UNDERTAKER Geo. L. Pleitsch — ADDRESS 5966 Easton ave

N. B. 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.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
County: St Louis — Registration District No. 789 — File No. .....
Township: Central — Primary Registration District No. 6033 B — Registered No. 338
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ludwig Reinert
(a) Residence. No. ..... St., ... 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Wid

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

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

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
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9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 12/3, 1930 Adolph Gray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer — Intestinal
Transverse Colon
..... (duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

SUPPLEMENTARY 45

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*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 | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

S-40602