

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

Do not use this space.

15561

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township OARONDELE Primary Registration District No. 6248 G
 City (No. 4618) Heidelberg St. _____ Ward _____
 2. FULL NAME Katherine Reinheimer
 (a) Residence. No. 4618 Heidelberg Ave 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. 7 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. _____
 Registered No. 145
 St. _____ Ward _____

MAY 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew Reinheimer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 25 1871</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>11</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>995</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
PARENTS	10. NAME OF FATHER <u>Philip Langendorf</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
14. INFORMANT <u>Andrew Reinheimer</u> (Address) <u>4618 Heidelberg Ave</u>		
15. FILED <u>Apr 10 1931</u> <u>L. C. Obert</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 9 1931

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to April 9, 1931 that I last saw h. e. alive on April 9, 1931, and that death occurred, on the date stated above, at 11:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis

59 (duration) 7 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 59 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. E. M. M. M., M. D.
4/10 1931 (Address) 5829 U. S. 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 <u>Wt. of ...</u>	DATE OF BURIAL <u>Apr 13 1931</u>
20. UNDERTAKER <u>Wacker-Heidelberg</u>	ADDRESS <u>2331 S. Blum</u>

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.

