

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

29548 Do not use this space.

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1003**
City St. Louis (No. St. Louis City Hospital) St. St. Louis, Mo. File No. 8572
Registered No. 8572 Ward

2. FULL NAME Raymond J. Reinecke

(a) Residence, No. 5728 Edwards St., W3 Ward, St. Louis, Mo.
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soft Drink

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Charles Reinecke

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Missouri

15. MAIDEN NAME Louise Kuserwitt

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Mrs. Susan Reinecke
5728 Edwards St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Church DATE Aug 8 1931

19. UNDERTAKER (ADDRESS) G. L. Pleitsch, Inc.
5966 Eastern Ave.

20. FILED AUG 28 1931 W. J. W. W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:40 P. M.

The principal cause of death and related causes of importance were as follows:

Gun shot wound of heart caused by bullets fired from gun in hands of Robt Mottingly, at 1725 Broadway

Other contributory causes of importance: Justifiable Homicide

Name of operation 173 Date of 1/3

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accidents, suicide, or homicide? Yes Date of injury 8/5 1931

Where did injury occur? 1725 Broadway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot wound of heart

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. W. W. M. D.

(Address) St. Louis, Mo.

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.

