

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.

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

Do not use this space.

10103

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo.*

(No. *St. Anthony Hosp.*)

File No.

2115

Registered No.

St. Ward)

2. FULL NAME

William F. Reinschmidt

(a) Residence, No. *544 Dresden Ave.* St. *2* 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 *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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 21 - 1878.*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>53</i>	<i>10</i>	<i>10</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *360*

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) *Missouri*

13. NAME *Ignatz Reinschmidt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Alvina Reinschmidt* (ADDRESS) *544 Dresden Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Our Redeemer L. M.* DATE *March 4th, 1932*

19. UNDERTAKER *Ziegenheim Bros.* (ADDRESS) *3623 Cherokee St.*

20. FILED *Wm. C. Standley* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 1 - 1932.*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 27, 1932, to Mar 1, 1932*

I last saw him alive on *Mar 1st, 1932* Death is said to have occurred on the date stated above, at *4:30 p.m.*

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

Suppurative Meningitis (Pneumococcus in spinal fluid.) Date of onset *Feb 29/32*

Other contributory causes of importance: *Left. mid. Ear Abscess Feb from infection cause unknown?*

Name of operation *SAUT* Date of *1*
What was confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

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

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

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....

(Signed) *W. E. Wilkins*, M. D.
(Address) *5402 E. Grand*

