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.

21363

File No.

Registered No. 5921

1. PLACE OF DEATH

County

Township

City St. Louis (No. 919 N. Taylor St. Ward)

Mo Baptist Hospt.

Registration District No. 791

Primary Registration District No. 1013

2. FULL NAME Walter R. Reinacher

(a) Residence, No. 3455 Montana St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1907

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
24	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Driver 157

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Louis Dairy Co.

10. Date deceased last worked at this occupation (month and year) 6-16-32

11. Total time (years) spent in this occupation 5 Yrs.

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

FATHER

13. NAME Fred Reinacher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland, Illinois

MOTHER

15. MAIDEN NAME Minnie Ungerer

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

17. INFORMANT Fred Reinacher (ADDRESS) 3455 Montana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE June 24, 1932

19. UNDERTAKER Theo. W. Biedenwieden (ADDRESS) 1936 St. Louis Ave

20. FILED Jun 24 1932 19 Mat C. Fridley Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to June 21, 1932

I last saw him alive on June 21, 1932. Death is said to have occurred on the date stated above, at 3:20 P.m.

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

	Date of onset
Acute Sup Appendicitis	June
Peritonitis Acute	16
	32

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Appendectomy Date of June 16-32

What test 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. Salisbury, M. D.

(Address) 3568 Lafayette