

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.

33786

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 51  
Township \_\_\_\_\_ Primary Registration District No. 303  
City St. Louis Mo. (No. Marion Home)

File No. \_\_\_\_\_  
Registered No. 9086  
St. \_\_\_\_\_ Ward)

2. FULL NAME Louise Reinholdt

(a) Residence, No. 5351 Delmar St. 12 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. C. Reinholdt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 - 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9 1932, to Oct 11 1932

I last saw her alive on Oct 11 1932 Death is said to have occurred on the date stated above, at 9 25 a.m.

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

acute cardiac dilatation Date of onset 1 day

9573

Other contributory causes of importance: Hypertension 6 mos.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>
	13. NAME <u>Christophe Rebusack</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Susan Louise Cron</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mrs. H. Haeger</u> <u>5351 Delmar St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palhalla Cemetery</u> DATE <u>10-14</u> 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. Schumacher</u> <u>503 Maramee St.</u>	
20. FILED <u>OCT 13 1932</u> 19 <u>Mar. L. Starkloff</u> Registrar	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

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) John Cameron M. D.  
(Address) 508 N. Grand St.

