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.

AUG 16 1934

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

Do not use this space.

791

26772

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 26772

Township ..... Primary Registration District No. ..... Registered No. 6967

City St Louis (No. City, Sanitarium St. ..... Ward)

2. FULL NAME Robert L. Rheinfeld

(a) Residence, No. Marshall & Burton St Charles Rock Rd. St Louis Co Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. X mos. ds. N R 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Richard C Sinclair 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem DATE July 17 1934

19. UNDERTAKER (ADDRESS) Alexander and Sons 6175 Dolman

20. FILED ..... 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1934, to 7-15, 1934

I last saw him alive on 7-15, 1934 Death is said to have occurred on the date stated above, at 6 40 P m.

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

	Date of onset
Bronchopneumonia	7-13-34 +
1 2 7 8	
1 2 8	
8 7 6	
Other contributory causes of importance:	
Imbecile (hydrocephalic)	7-1-34 +

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) Richard C Sinclair, M. D.

(Address) 5400 Arsenal

#2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

St Louis City 26772 6967

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Robert L. Rheinfeld
Who died at City Jail on July 15 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 34 Months 9 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Bronchopneumonia
Birthplace of father (State or country) Interstitial hydrocephalus
Birthplace of mother (State or country) (Congenital)
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Richard C Sinclair
Address of physician 5400 Arsenal
Signature of Registrar J T Bedeck Date filed 12-17-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791
Primary Reg. Dist. No. 1003

Very truly yours,
E. T. McGaugh
State Registrar
Special Agent.

26.7.72