

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

Do not use this space. ✓

OCT 21 1936

36327

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Jefferson Barracks Primary Registration District No. 6248 B File No. _____
 City Jefferson Barracks No. VETERANS FACILITY Registered No. 369 St. _____ Ward _____

2. FULL NAME Otto Reinel

(a) Residence, No. 608 N. 10th St. St. _____ Ward. East St. Louis, Illinois
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Alice Reinel (or WIFE OF)

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1936, to September 18, 1936

I last saw h. im alive on September 18, 1936 Death is said to have occurred on the date stated above, at 6:40 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 2 19

Hypertrophy of Prostate, marked with Urinary Obstruction and Uremia Date of onset Unknown

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. A. Railroad

10. Date deceased last worked at this occupation (month and year) 12 years 11. Total time (years) spent in this occupation 25 years

Other contributory causes of importance: Arteriosclerosis (senile) Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

15. MAIDEN NAME unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

17. INFORMANT M. Schilling (ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Sept. 21, 1936

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED Sept 19, 1936 L. Mowry Registrar.

Name of operation none Date of _____
phy. exam, clin. manifestations
 What test confirmed diagnosis? laboratory 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? _____
 If so, specify burdened

(Signed) C. W. HUGHES, M.D. Chief Medical Officer M. D.
 (Address) Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

