

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

CERTIFICATE OF DEATH **791**

Do not use this space.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. City Hospital 1)

FEB 8 1937

Registration District No. **1003**

Primary Registration District No.

File No. **3329**
Registered No. **360**
St. Ward

2. FULL NAME Doris Reinholdt

(a) Residence, No. 1 616 N. 16th. St. St. 26 Ward. 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Reinholdt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd. 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>85</u>	<u>3</u>	<u>5</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>230</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework at home</u>
	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) Germany 10

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Rev. Richard Miller Garrison & Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Memo rial Park Cem. 1-11-37

19. UNDERTAKER (ADDRESS) Henry Ludlow Lead. Co. 1477 N. Market St.

20. FILED J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician attended
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Chronic Myocarditis; fracture of neck of femur when fell on polished floor at home. Accident.

Other contributory causes of importance: 186a

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 8, 1937

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

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

Manner of injury See above

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alfred J. Perry M.D.

(Address) 1 Republic Square

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.

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