

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.

FEB 8 1937

3455

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Jewis Hospital**)

File No.
Registered No. **487**
St. Ward)

2. FULL NAME

Bruce Reinschmidt

(a) Residence, No. **3920a N. 20th. St.**, St. **26** Ward. **1**
(Usual place of abode) (If nonresident, give city or town and State)

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.

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) **May 28, 1936.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 7 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Walter Reinschmidt**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Ella Dannenfelsler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Walter Reinschmidt** (ADDRESS) **3920a N. 20th. St.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Park Cem.** Jan 13/37.

19. UNDERTAKER **Jos. W. Clark** (ADDRESS) **1125 Hodiamont Ave.,**

20. SIGNATURE **J. H. Bradeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JANUARY 10, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **December 22, 1936, to January 10, 1937**

I last saw him alive on **JANUARY 10, 1937.** Death is said to have occurred on the date stated above, at **9:55 p.m.**

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

Congenital Syphilis?

[Handwritten signature]

Other contributory causes of importance:

Broncho pneumonia

Date of onset **1/10/37**

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) *[Signature]*, M. D.

(Address) **Jewis Hospital**

