

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Jefferson Primary Registration District No. 6248-H
City Richmond Heights (No. 1408 Rankin Drive)

File No. 13680
Registered No. 87
St. _____ Ward _____

2. FULL NAME Frank Reinhardt

(a) Residence, No. 1408 Rankin Drive St. _____ Ward _____
(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*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th, 1868.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curlee Clothing Co.
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) Germany13. NAME Joseph Reinhardt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Emma L. Reinhardt
(ADDRESS) 1408 Rankin Drive18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakgrove DATE March, 30 - 193719. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway20. FILED March 27, 1937 Sam A. Bassett, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 27th, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1935 to Mar 27, 1937I last saw him alive on Mar 25, 1937. Death is said to have occurred on the date stated above, at 8:35 A.M.

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

Myocarditis Chronic
Impaired respiration

Date of onset
9-21-37
9-21-37

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? W

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) D. J. Curlee, M. D.
(Address) 5730 Southview Ave

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.

