AUG 26 1937

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

Do not use this space.

27861

1. PLACE OF DEATH
County Montgomery
Township Loutre
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 590 5785
Primary Registration District No. 4348
File No. .....
Registered No. .....

2. FULL NAME Louis Reinhardt
(a) Residence, No. ✓ 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Reinhardt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE Years About 60 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) 6/15/37
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo

FATHER
13. NAME Chas. Reinhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo

MOTHER
15. MAIDEN NAME Josephine Brettharst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo

17. INFORMANT (ADDRESS) John Reinhardt Berger Mo
18. BURIAL, CREMATION, OR REMOVAL Gasconade Co. Farm PLACE DATE 7/20 1937
19. UNDERTAKER (ADDRESS) Hugo H. Blumer Hermann, Mo
20. FILED July 19, 1937 Blanche Scholten Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw him alive on ..... 19.. Death is said to have occurred on the date stated above, at 5 00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound of Entire Head — 10 gauge Single barrell Shotgun	7-18-37
Suicide by firearms	7-18-37

Other contributory causes of importance: None -

Name of operation none 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? Suicide Date of injury 7-18, 1937
Where did injury occur? McKittrick, Montgomery, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At his home
Manner of injury Blew off top of his head
Nature of injury gunshot

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. J. T. Andersen, M. D.
(Address) Montgomery City, Mo
Coroner Montgomery County

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