DEC 13 1937

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

Do not use this space.

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791 / 10032

1. PLACE OF DEATH
County Firmin Deologe Hospital Registration District No. 10032 File No.
Township Primary Registration District No. Registered No. 10112
City St Louis (No. F Deloge Hospital St. Ward)

2. FULL NAME Stilborn Rosemary Reinhold
(a) Residence, No. Waterloo Ills St., NR Ward. Waterloo, Ill.
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1937

7. AGE YEARS — MONTHS Stillborn — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis Missouri

FATHER
13. NAME Clemens Joseph Reinhold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Ill.

MOTHER
15. MAIDEN NAME Anna Melissa Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Ill

17. INFORMANT (ADDRESS) Clemens Joseph Reinhold (father) Waterloo, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waterloo Ills DATE Oct 30 1937

19. UNDERTAKER (ADDRESS) Wm. F. Paschedag 2825 No Grand Blvd.

20. FILED NOV 1 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 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 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other contributory causes of importance:

Strangulation by short cord

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) M. Gerwitz, M. D.
(Address) Metropolitan Bldg.

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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