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.

FEB 16 1938

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

Do not use this space. 0

File No. 4169

Registered No. 141

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 96

96 Township: Carondelet — Primary Registration District No.

City: ~~Jefferson Barracks~~ (No. U S Veterans Hospital St. Ward)

2. FULL NAME Rudolph REINDERS

(a) Residence, No. St., Ward. Festus, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Manager

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) Athens, Illinois.

FATHER

13. NAME John Reinders, 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany. 6

MOTHER

15. MAIDEN NAME Jennie Kaisie,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany.

17. INFORMANT Clinical Clerk, M. Schilling
(ADDRESS) VAF, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Athens, Illinois DATE January 23, 1938

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED Feb 20 1938 T. R. Meyer M.D., Dr. P.H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1937, to January 20, 1938, I last saw him alive on Jan. 20, 1938. Death is said to have occurred on the date stated above, at 5:00A m.

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

	Date of onset
Arteriosclerosis, generalized, with resulting myocardial disease (hypertrophy and dilatation congestive type cardial failure).	unkn

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Phys. clinical and laboratory. Was there an autopsy? No.

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) C. W. Hughes, Ch. Med. Off., M. D.
(Address) VAF, Jefferson Barracks, Mo.