

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D JUL 12 1938

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

20672

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 5811
 (c) City St. Louis (d) Street No. 3930 Humphrey St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 75 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 75 yrs. mos. ds.

2. PRINT FULL NAME Herman Reinhardt 563

(a) Residence, No. 3930 Humphrey St. 16 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Anna nee Koch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1863
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 9 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Keeper of Restaurant
 9. Industry or business in which work was done, as saw mill, bank, etc. Restaurant
 10. Date deceased last worked at this occupation (month and year) Retired 19 yrs 11. Total time (years) spent in this occupation 19 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER 13. NAME Henry Reinhardt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Emma Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Anna Reinhardt
3930 Humphrey St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE 6-29-38
 19. FUNERAL DIRECTOR (ADDRESS) With Bros. L + H. Co.
2929 S. Jefferson Av
 20. FILED JUN 28 1938 J. D. Biedek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938 to June 27, 38
 I last saw him alive on June 27, 1938 Death is said to have occurred on the date stated above, at 9:30 am.
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis Date of onset RB C
 Other contributory causes of importance: gout
 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 Chronic Myocarditis
 (Signed) Chas. C. Hansen M. D.
 (Address) 157^g Park Av

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin
.....L. E.....
No. 3472 or by..... Registered Apprentice No.....
working under my personal supervision.
Signed Paul A. Shanklin
Licensed Embalmer No. 3472

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)