

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

Do not use this space.

RECD OCT 12 1938

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis.**

Registration District No. **791**
Primary Registration District No. **1003**
Mo. Baptist Hospital

File No. **31099**
Registered No. **8536**
St. Ward)

2. FULL NAME **Kathleen Reineke**

(a) Residence, No. **4123 No. Taylor** St., **5-0** Ward. **10**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 27, 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **Aug 19, 1938, to Sept 27, 1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 24 1901**

I last saw her alive on **Sept 25, 1938**. Death is said to have occurred on the date stated above, at **11:30 P.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
37 2 3

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

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. **Musician**

Typhoid Pneumonia Date of onset **9/24/38**
acute intestinal obstruction
caused by post-operative adhesion from old operation for probable proctocolitis, non-malignant

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

Other contributory causes of importance:
Provision of relief
kind walk
obstruction of peritonitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chesterfield Ill.**

13. NAME **Carl Landon**

Name of operation **Operation of relief** Date of **9/27/38**
What test confirmed diagnosis **Clayton** Was there an autopsy? **no**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

15. MAIDEN NAME **Jennie Walton**

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

17. INFORMANT **Jennie Landon** (ADDRESS) **4123 No. Taylor**

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **Sept. 30, 1938**

19. UNDERTAKER **Stroop Carroll** (ADDRESS) **#600 Natural Bridge**

24. Was disease or injury in any way related to occupation of deceased? **1**
If so, specify **renal insufficiency**
(Signed) **J. W. Olszewski**, M. D.
(Address) **706 Olive St.**

20. FILED **SEP 29 1938** **J. W. Olszewski** Registrar.

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

I hereby certify that I Embalmed
the remains of Kathleen Reimke

License No.