

Registration District No.

791  
1008RECORDED SEP 14 1939  
Primary Registration District No.

Registrar's No.

6813

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_ 2  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3157 Pennsylvania Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Mary Reiner 560

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Reiner 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 13 1876/  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis. (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph Suchy13. Birthplace Bohemia. (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Bohemia (City, town, or county) (State or foreign country)16. (a) Informant's own signature Rose Kunkler(b) Address 3157 Pennsylvania.17. (a) Burial (b) Date thereof Aug. 7/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New S.S. Peter & Paul18. (a) Signature of funeral director Shook(b) Address 2906 Gravois Ave.19. (a) AUG 4 1939 (Date of local registration) (b) \_\_\_\_\_ (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis. 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3157 Pennsylvania Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3  
year 1939 hour 3.56 minute \_\_\_\_\_ PM. M.21. I hereby certify that I attended the deceased from July 30  
\_\_\_\_\_, 1939, to Aug 3, 1939;  
that I last saw her alive on Aug 3, 1939,  
and that death occurred on the date and hour stated above.Immediate cause of death Acute myocardial infarction Duration 4 daysDue to Chronic myocardial infarction 10 yrs.  
Hypertension 10 yrs.Due to \_\_\_\_\_  
Other conditions Diabetes 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. D. B. [Signature] (M. D. or other)Address 2767 [Address] Date signed 8-4-39

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.

FBI - FEDERAL BUREAU OF INVESTIGATION - MADE A PERMANENT RECORD

Leo Budde 1<sup>st</sup>  
2767 Grand 3<sup>rd</sup>

Preparation  
1658-1

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Leo Budde....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Leo Budde  
Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

**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.)**

If this body is not embalmed, above space should be left blank.