

791 STANDARD CERTIFICATE OF DEATH

State File No. 34612
Registrar's No. 9150

Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH: NOV 13 1939
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie M. Reinhard 5/23
3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John N. 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April 21 - 2
(Month) (Day) (Year)

8. AGE: About 74 Years Months Days If less than one day
hr. min.

9. Birthplace Godfrey Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Dr. Martin
18. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs C M Marsh
(b) Address 2001 Liberty - Alton 900

17. (a) Burial (b) Date thereof 10/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Mackin - Welderle

(b) Address 2331 S. Broadway

19. (a) OCT 26 1939 (b) G. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri / (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4146 W. Pine Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1939 hour 6 minute 12 P.M.

21. I hereby certify that I attended the deceased from Jan 27 - 26
1917, to OCT 23, 1939
that I last saw her alive on OCT. 23, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombus Duration _____

Due to Myocardial Infarction
Arteria Sclerotica — 20yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Pulmonary Thrombus Underline the cause to which death should be charged statistically

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 K. F. Blosz (M. D. or other) _____

Address 3220 Washington Date signed 10-25-39

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2645*

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.