DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38167

Registration District No. 791 DEC 1? 1939

Primary Registration District No.

Registrar's No. 10006

1. PLACE OF DEATH: 2

(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:
3408 Neosho Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 3408 Neosho Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Louise Reinhold 543

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August L. Reinhold

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April (Month) 9th, (Day) 1877 (Year)

8. AGE: Years 62 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Household 0

11. Industry or business 1

FATHER
12. Name August Tacke
13. Birthplace New Orleans La. (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Caroline Hauschultz
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Clarence Reinhold
(b) Address 3408 Neosho Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/39 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director Seidenwieden Funeral Dom
(b) Address 1936 St. Louis Avenue Inc

19. (a) NOV 24 1939 (Date received local registrar) (b) J. B. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st
year 1939 hour 9 minute 00 p M.

21. I hereby certify that I attended the deceased from June 30th, 1938 to Nov. 21st, 1939
that I last saw her alive on Nov. 21st, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis caused by arterio sclerosis	3 da
Due to	
Due to	
Other conditions ArterioSclerosis and Cerebral Hemorrhage 1 yr (Include pregnancy within 3 months of death)	
Major findings: Of operations (Right Side)	
Of autopsy	

PHYSICIAN — 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? ---- (Specify type of place)
While at work? --- (e) Means of injury

23. Signature Dr. W. H. Walters M. D. (M. D. or other)
Address 3608 So. Grand Blvd Date signed 11/22/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

Rev. W. H. Watt
3608 S. Grand

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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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.