

S. No. 2
-11-10-39
5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22864**

Registration District No. **784**

Primary Registration District No. **111**

Registrar's No. **1129**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rich Hgt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1408 Rankin Dr. Richmond Heights
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1408 Rankin Dr. Richmond
(If rural, give location) Heights
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Emma L. Reinhardt **563**
8. (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 Widowed
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April 20, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 21 _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name Peter Reed
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Schewe
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Schewe
(b) Address 1408 Rankin Dr. Richmond Heights
17. (a) Burial (b) Date thereof 6/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Walter Heiderle
(b) Address 2331 S. Broadway
19. (a) JUN 13 1940 (b) W.R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1940 hour 5 minute 30 p.M.

21. I hereby certify that I attended the deceased from Feb 21, 1940, to June 11, 1940
that I last saw h. ex alive on June 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Nephritis Chronic Intercurrent **6 Mo**
Duration
Due to _____
Due to _____
Other conditions Metrol. ringworm **6 Mo**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 131
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?
707 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W.R. Meyer (M. D. or other) **17m. 40**
Address 5930 Southworth Ave Date signed 6-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

P.O. Address.....

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.