

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No. 8245

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. #718 Clara Ave.
(If rural, give location)
(e) Dr. J. T. ... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd
year 1940 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chlorium Tremens following abdominal surgery for appendectomy at Dr. ... Hospital St. Louis Mo. Due to Sept. 30 1940

Other conditions: — Insp. —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 121
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? _____

While at work _____ (Specify type of place)
(e) Means of injury 5

23. Signature J. T. ... (M. D. or other) _____
Address Deputy Coroner

3. (a) PRINT FULL NAME Albert Reinhardt

3. (b) If veteran, name war none 3. (c) Social Security No. 488-011-7279

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille Reinhardt 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 8, 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Des Arc, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Drug Clerk

11. Industry or business Fidelity Drug Store

12. Name Clarence R. Reinhardt

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Mina Horn

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Reinhardt

(b) Address 718 Clara Ave

17. (a) burial (b) Date thereof 10-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Eupton, Sons

(b) Address #7233 Delmar Blvd

19. (a) OCT 3 1940 (b) J. T. ...
(Date received local registrar) (Registrar's Signature)

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

MOTHER FATHER

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 Bradford A. Miles

Licensed Embalmer No. 2901

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.