

No. 2  
11-10-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40340

State File No.

Registrar's No. 10111

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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: 3843 California  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years  
In this community 40 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Reinhardt Eritz

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. 488-18-8900

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Maria Eritz 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 28 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Baden - Baden, Ger.  
(City, town, or county) (State or foreign country)

10. Usual occupation Busch Brewery retired

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Maria Storey

(b) Address 3843 California

17. (a) Burial (b) Date thereof 12/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helders

(b) Address 2331 S. Broadway

19. (a) 9 1940 (b) J. B. Dech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3843 California  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th  
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 1st  
1939 19 \_\_\_\_\_ to Dec 8th 1940;  
that I last saw him alive on Dec 8th 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Dialysis Mellitus Duration 14 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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 Albert A. Lohardt (M. D.)  
Address 3843 California Date signed \_\_\_\_\_

WRITE 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..... *Robert Wheeler* .....

Licensed Embalmer No. *2128* .....

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.**