

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
(Specify whether
In this community years, months or days) **1**

3. (a) PRINT FULL NAME **CAROLINE REININGER**

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 **Married**

6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **June 9 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 19 hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Geo. Schneider**

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

14. Maiden name **Unknown**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **John Reininger**

(b) Address **4665 Tennessee Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 31, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cemetery**

18. (a) Signature of funeral director **J. H. Bibber & Co.**
(b) Address **2842 Meramec St.**

19. (a) **DEC 29 1940** (b) **J. F. Brudeck**
(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. **4665 Tennessee Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28**
year **1940** hour **7** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 23rd, 1940 to December 28th, 1940**
that I last saw her alive on **December 27th, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **1 wk.**

Due to **Toxic Thyroid** **2 mo.**

Due to **1940**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) **XXX**

(b) Date of occurrence **XXXX**

(c) Where did injury occur? **XXXX**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXX

While at work? (Specify type of place) (c) Means of injury

23. Signature **Dr. W. H. Walters** (M. D. or other) **M.D.**
Address **3608 South Grand Blvd.** Date signed

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.....
..... Joseph S. Benz, Registered Apprentice No. 218,
working under my personal supervision.

Signed..... Herman A. Gebken,
Licensed Embalmer No. 2120,
P. O. Address..... 2842 Meramec St.
St. Louis, Missouri

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, fact should be so stated above.