No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43910

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2341

1. PLACE OF DEATH:
(a) County: Saint Louis, Co.
(b) City or town: Sappington Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 2
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County:
(c) City or town: Sappington Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Frank Joseph Reinsch.
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma Reinsch
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: May (Month) 28th, (Day) 1851. (Year)
8. AGE: Years 89 Months 6 Days 12 If less than one day hr. min.
9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Retired Butcher.
11. Industry or business:
FATHER 12. Name: Joseph Reinsch
FATHER 13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Henry J. Reinsch
(b) Address: 5519 Goethe Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 13-1940. (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olive Cemetery
18. (a) Signature of funeral director: Ziegenheim Bros.
(b) Address: 2823 Cherokee Street.
19. (a) DEC 12 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th, year 1940. hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 5, 1940, to Dec 10, 1940, that I last saw him alive on Dec 9, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Double Lobar	
Due to Exposure	
Due to	
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):
(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: Walter F. Kelly (M. D. or other)
Address: 9915 Gravois Date signed: 12/11/40

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherok

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.