

FOILED MAR 25 1941 791
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

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

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:
5247a Devonshire Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1714**
(d) Street No. **5247a Devonshire Ave.**
(If rural, give location) **F**
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Elizabeth Reinhardt**

3. (b) If veteran, name war **None** 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 **Late Peter Reinhardt** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 24 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	9	16	hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ferdinand Lepping**

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

14. Maiden name **Mary Knust**

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

16. (a) Informant **George Reinhardt**
(b) Address **5247a Devonshire Ave.**

17. (a) **Burial** (b) Date thereof **2-12-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuar**
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) _____ (b) **J. W. Brudeck**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **9th**
year **1941** hour **7:20** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **3/30/30**
to **2-9-1941**;
that I last saw her alive on **2/9/41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis since 1930

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **none**

Major findings: Of operations **no**
Of autopsy **930**

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 **J. W. Brudeck** (M. D. or other) _____
Address **4503 S. Kingshighway** Date signed **2/11/41**

FEB 11 1941

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.....

William A. McBrine

Licensed Embalmer No.....

3024

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, fact should be so stated above.