

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13275**  
Registrar's No. **3705**

Registration District No. **791**

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

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:  
4018 Wyoming Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 37 years  
years, months or days)

3. (a) PRINT FULL NAME MR. WILLIAM CHARLES REINERT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-07-6853

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

6. (b) Name of husband or wife Helen Hearn Reinert 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October 12th, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 6 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Editor

11. Industry or business Newspaper

MOTHER FATHER { 12. Name Henry Reinert  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Unknown

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

16. (a) Informant Mrs Ruth Rau  
(b) Address 4018 Wyoming

17. (a) Cremation (b) Date thereof May 1, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St Louis Avenue

19. (a) APR 30 1941 (b) J. H. Berdeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 169  
(d) Street No. 4018 Wyoming  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 40 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th  
year 1941 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 19 1940 to April 28 1941,  
that I last saw him alive on April 28 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis  
Carcinoma of the ileum original  
diagnosis.

Due to \_\_\_\_\_ Do not know.

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

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of the ileum  
Of operations causing obstruction.

Of autopsy \_\_\_\_\_ 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 \_\_\_\_\_

23. Signature H. F. Slover (M. D. or other) 0  
Address 322 B Washburn Date signed 4-29-41

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

1-3  
No. 2826  
Dr. K. F. Glaze  
3720 Washington

**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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed

*[Handwritten Signature]*  
Licensed Embalmer No. 3737  
P. O. Address 1936 St. Louis

**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.**