

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32623

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1945

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1575 Wellston Place.
(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)

3. (a) PRINT FULL NAME NELVA A. 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 Married.
 6. (b) Name of husband or wife Harold F. Reinhardt. 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased March 11, 1907.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>6</u>	<u>6</u> hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Burkhardt.
 13. Birthplace Marine, Illinois.
(City, town, or county) (State or foreign country)
 14. Maiden name Hilda Reichenbach.
 15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harold F. Reinhardt.
 (b) Address 1575 Wellston Place.

17. (a) Burial (b) Date thereof 9-20-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
 (b) Address 5966-68 Easton Ave.

19. (a) SEP 17 1941 (b) C. N. McCarroll
(Date received local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Wellston
(If outside city or town limits, write "RURAL.")
 (d) Street No. 1575 Wellston Place.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th.
 year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 14th
1941 to September 17th 41
 that I last saw her alive on September 13th. 19 41
 and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain
metastatic carcinoma

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Tumor of Brain
 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?

While at work?.....
(Specify time or place) (e) Means of injury.....

23. Signature C. N. McCarroll (M. D. or other) 0
 Address 4952 Maryland Ave. Date signed 9-17-41

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 5454

David C. Gibson

Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3457A

P. O. Address 5946 Eastern St. d

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.